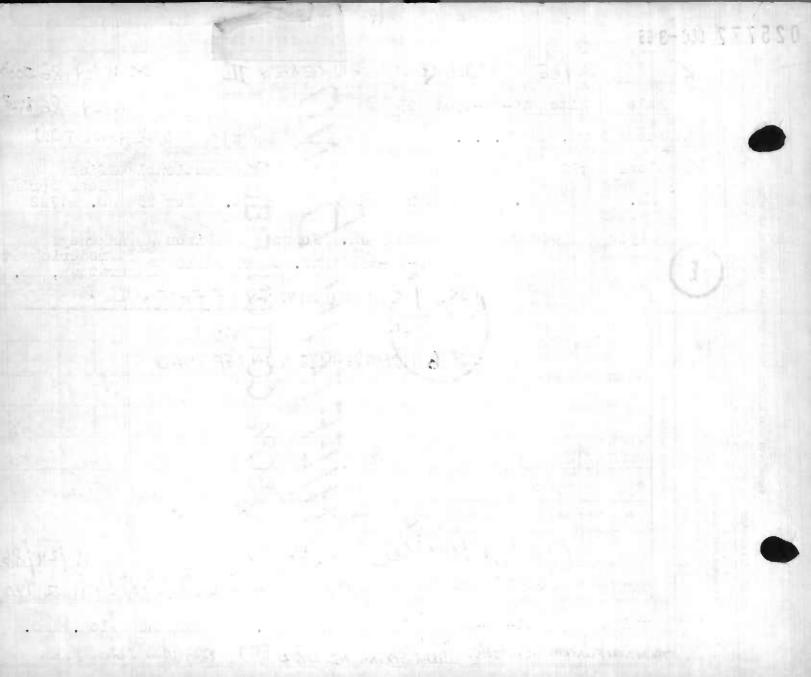
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0 2 3	1/2 DEC	T. DECEASED NAME FIRST MADDLE LAST TO DATE KNOWN TO MODILE	
6	ASE OR EESS. S.	CLYDE WOODROW ANKENEY II OF ESTI- X II	24 19 86 5:00 N
	INCERSIONS, PLEASE INCERAL DIRECTOR. PLES. PORTION STATES. WITHIN 72 HOURS PRESTON STEEL	Male White 10-09-1961 25 yrs. If UNDER 14 RS. 24 DATE MONTH DAY MONTHS DAYS HOURS MIN PRONOUNCED DEAD 1/2	1 19 26 1:29
	NECESSA FUNERAL 5 FOR Y WITHIN	Tac BIRTHPLACE (STATE OR FOREIGN COUNTRY) Tacoma Park, MD U.S.A. B MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTRY 10 MIDOWED 10 MIDOWED	OF DEATH
	A SERVICE	18 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 1) FOR MOST OF WORKING (IFE)	26. KIND OF BUSINESS OR INDUSTRY icer
21201	ANY DEL		ear Spring
, MD.	DEATH. IF GES 1, 2, A M PM 3. AND 2 SH OF VITAL R	M. FATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
ALTIMORE	A COUNTY	WAS DECEASED EVER IN U.S. ARMED FORCES? IVESTINO RUNKNOWN) (IF YES, GIVE WAR OR DATES) 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS From 17. INFORMANT ADDRESS FROM 11. 17. INFORMANT ADDRESS F	eney ederick St
DS, 201 W. PRESTON ST., I	ECUTED WITHIN 24 HOURS G" IN PENCI. IN 11EA 18. G AL EXAMINER ALONG WIT MINEY, TRANSIT REGWY NO MENTAL HYGIEN, DIV ATTON, OR REMOVAL	IR CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY: Record	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AL RECORDS	SHOUID BE EXE OND "PENDING CHIEF MEDICAL E USED AS A BU T OF HEALTH AN URIAL, CREMAN	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 210. TIME OF JULIURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART	20 AUTOPSY?
DIVISION OF VITAL	G THE W TO THE W HOULD B ARTMEN	210. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR AM MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 1980 DRIVER - MOTOR Vehicle R 210. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 1980 DRIVER - MOTOR Vehicle R 210. INJURY OCCURRED 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY 1980 DRIVER - MOTOR VEHICLE 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY 211. LOCATION 211. LOCATION 212. EXTERNAL CAUSE WAS 214. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 217. TIME OF INJURY 218. EXTERNAL CAUSE WAS 216. TIME OF INJURY 217. TIME OF INJURY 218. TIME OF INJURY 218. TIME OF INJURY 219. TIME OF INJUR	YES NOW
DIV	I: THIS CER RWARDED I: PAGE 3 SI STATE DEP STATE DEP	WHILE AT WORK AT WORK A STREET, FARTERY, FARM, ETC. Rt, 40W & \$1,457 CLEAR Spring COUN	eash. Mid.
	MINER THECAL	22a certily that taak charge al the remains described above, held an Autapsy , Inspection , Inquiry and in my apin death resulted from Natural couses Accident Suicide , Homicide , Undetermined manner ,	ion
	ECUTE THE CER ECUTE THE CER FOUR SHOULD FOUR ALL DIR TER DEATH, WI	EXAMINER'S NAME GEORGE MILIC HORES HABER STOCKED	11/24/86
07/9	5X45A4	236. BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY	
07/84 25M	DHMH - 17	24 FUNERAL DIRECTOR NAME APOBESS RT. 1 250: DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIG	Α
	(VR A15 ME (5))	THOMPSON FUNERAL HOME INC. CLEAR SPRING, MD. 21782 DEC 1 1986 Julia Davidor	n-Kandaes



9265 JAN	5.	FOR STATE REGISTRAR		DEPARTA	MENT OF HEAL	FMARYLAND TH AND MENTAL HYO ATE OF DEATH	GIENE 3 O	3	6 4 0 4	
of cope of the cop		RUY		ATILda	LAST 5. DATE OF B	Ash	20 DATE OF DEATH	12 25	- 01	
The state of the s	0.36	Female	Whi		MONTH 6	17 1892	94	YRS	NTHS DATS HOURS MIN.	
135		Maryland	U.S.	MHAT COUNTRY?	MARRIED C	NEVER MARRIEDX	Washir	gton C		
11970		gerstown	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS]	THER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS' Office C)	OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY Dept. Store	
CN35	13a. S	AL RESIDENCE (IF NURSING HOME OF ITATE 136 COUNTY Wash	OTHER INSTITUTION		ADMISSION)	I INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	21740 ce Street	
1991		Franklin	A.	Àsh		MOTHER'S MAIDEN NA	MIDRIE G.		Newman	
be execu-		VAS DECEASED EVER IN U.S. AR VES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	166 SOCIAL SECU 214-09-		Paul c Za	402 ^{AD} 1 h n∕ Balti	hacker more.	y Avenue Md. 21228	
chilicate physica emoval. events, the		PART I. DEATH WAS CAUSE IMMEDIA	nly ane cause per D BY: TE CAUSE (a)	Carry t	Hile	fait;	Kulise		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
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hor the condition of th		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OH AS CONSEQUENCE OF DETST W72 (MM)							
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1102	RTIFICAT	1% DATE OF OPERATION	196 CONDI	ITION FOR WHICH	OPERATION V	AS PERFORMED	200 AUTOPSY?		WERE FINDINGS USED NG CAUSES OF DEATH?	
7	AL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ALIP .	M. MONTH DA	AY YEAR	c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	IURY IN ITEM 18 PAR	I ORPART 2)	
of the condition of the	MEDIC	214 INJURY OCCURRED	21e PLACE		21	LOCATION STREET	CITY OR	IOWN	COUNTY STATE	
TOP ABOUT	1	The I certify that (I) this hasp	1110	19	80 and the	nat in (my) (aur) apinian	death accurred an the	date and have a	, that (I) (we) last	
th Of A the board of DHEC serviced the Dept.		obove/(I) (Ney/did) (did no	n yiew the body	otter death.	DEC	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF	22c. DATE SIGNED 1.77 -80	

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial 12-29-86 24 FUNERAL DIRECTOR A.K. Coffman Funeral Home, Inc.

23a BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Rose Hill Cemetery Hagerstown Washington

46

Maryland U.S.A. Washirelon Curty Hadder Office Clerk Dept. Store 21740 angles agentown X 1. Saltinore Street Street Cora Cora G. Berman Street Cora G. Berman 202 Thackery Syrmice 202 Thackery Syrmic

- - 214-09-7770A Frul V.Zalm Britimore, Mc. 21220

12-29-BB Fose Hill Cesetery Hagerstown, Washington, Md.

Isins

Lacerstown, Md.

	FOR STATE REGIST	RAR		DEP		EALTH AND MENTAL H		. NO.			
28130 DEC 20	CEASED	NAME FIRST		WIDOLE	Ł	AST	20. DATE OF DEATH		AY YEAR	26 HOUR	
1 + 88 C	E OR PRINT)	DAV		E		BAKER	Decemb		08 F	910 PM	
A 1 1 1	3 SEX		4. RACE		5 DATE C		6 AGE (IN YEARS LAS		IF UNDER I YEAR	IF UNDER 21 HRS HOURS MIN.	
4000	Male		White		July	16, 1927 YEAR	59	YRS	DATS	MIN.	
A 32 01	7e. BIRTHPLAC	E (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CIT		OF DEATH		
1 1627	Tilghm	anton, Md	. U. S	. A.	WIDOWE		Tales and an a	gton		MD.	
10 11 179	Hager	stown	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITU IN NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Washington County Hospital				120 USUAL OCCUP (TYPE OF WORK FOR MO Dairy F	BUSINESS OR			
AND 212	SUAL RESIDI	and Wa	e or other institution DUNJY Shington	GIVE RESIDENCE I	TOWN	134 INSIDE CITY LIMITS?	130 STREET ADDRES	Box 351	4 21	713	
MARY!	FATHER'S P	IRST	MIODLE	Baker		15. MOTHER'S MAIDEN I	NAMÉ MODI	1	Palmer		
De esseco	160 WAS DEC	EASED EVER IN U.S. UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)		SECURITY NO. 20-3387	Mrs. Eva (C. Baker, B	ra. 1 Bo	ox 354	21713	
condition that the department of the physical partment of the control of the control of the condition, or either traumant	gove cause underly PART 2	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED									
TALM	190 DAT				YES NO	YES NOE YES NO NO					
ON OF VI	OR CONT	IDENT WAS UNDERLYING RIBUTING CAUSE OF ER NOTIFY MEDICAL EXAM	DEATH HOUR A. INER) P. 21e PLACE	M. MONTH M. OF INJURY	DAY YEAR	211 LOCATION	URRED (ENTER NATURE OF I				
DIVISION OF THE PROPERTY OF TH	AT WORK	NOT WHILE		REET, FACTORY, OF		STREET		RIOWN	COUNTY	STATE	
ATTEND pipping a CCTOR, J CCTOR, J CCTO	saw	the deceased alive the deceased alive tye (1) (we) (did) (did	on 12-17	1	19.86.01	d that in (my) (ear) opinion	, , , ,	date and haur			
EFAL DIST	17h 549	SICIAN'S NAME IN	Dugha	l, m	٥	ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL S	TAFF SICIAN []	22c. DATE S	8-86	
O HOSY torred New Market	18	ric M. Wa		D.		1825 Howe	ell Rd. Hag	erstown	, Md.	21740	
BP	230. BURIAL, C (SPECIFY) Buria	REMATION, REMOV	7AL 236. DATE 12-20	-86		emetery or cremator	Y 23d LOCATION Tilghm	anton,	wash. C	o. Md.	
		DIRECTOR Bast					ATE REC'D. BY REGISTR				
DHMH - 16 60M 7/84 (VRA 15, 4)		H. Bast,				DE	C 2 3 1986		Tinding f		

STATE OF MARYLAND

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STATE OF MARYLAND

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Signature of the state of the s

STATE OF MARYLAND 0 2 8 4 7 3 DEC 33 BERTE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CO MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) Elizabeth RUTH BENNETT DEATH MATED X 4 RACE 5. DATE OF BIRTH SEX 6 AGE (IN YEARS IE UNDER 24 HRS DATE 5:00 PRONOUNCED July12,1904 Black Female DEC. 16 DEAD Th. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYL U.S.A. a. WASHINGTON WIDOWED X DIVORCED O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS NOT IN SUCH FACILITY GIVE STREET APORESS)
440 N. Jonathan Street FOR MOST OF WORKING LIFE)
Housewife OR INDUSTRY Hagerstown SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) In STATE Hagerstown 13d INSIDE CITY LIMITS? 13. STREET ADDRESS 440 N. Jonathan St. 21740 Md. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLE MIDDLE Unknown Sadie Smith 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) 214-09-2700 Earl Bennett Jr. 158W. North St. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY #429 - ARTERIORSCLEROTIC CARDIOVASCULAR DISEASE MANY YEARS IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF AND #402 - Hypertensive Cardiovascular Disease Canditians, if any, which MANY YEARS gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). CERTIFICATION 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X BU 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY FAT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P,
AFTER DEATH, WITH THE ST,
BALTIMORE, MARYLAND, 2 22a. I certify that I took charge af the remains described obave, held on Autopsy Inspection Inquiry and in my opinion death resulted from: Notural couses Accident Homicide ___ Undetermined manner TITLE (SPECIFY) ACTUAL DATE DEC. 16.1986 DEPUTY SIGNATURE WEST WASHINGTON STREET EXAMINER'S NAME EDWARD W. DITTO, III, M.D. HAGERSTOWN, MARYLAND 21740 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION Rose Hill Cemetery Wash. Hagerstown 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

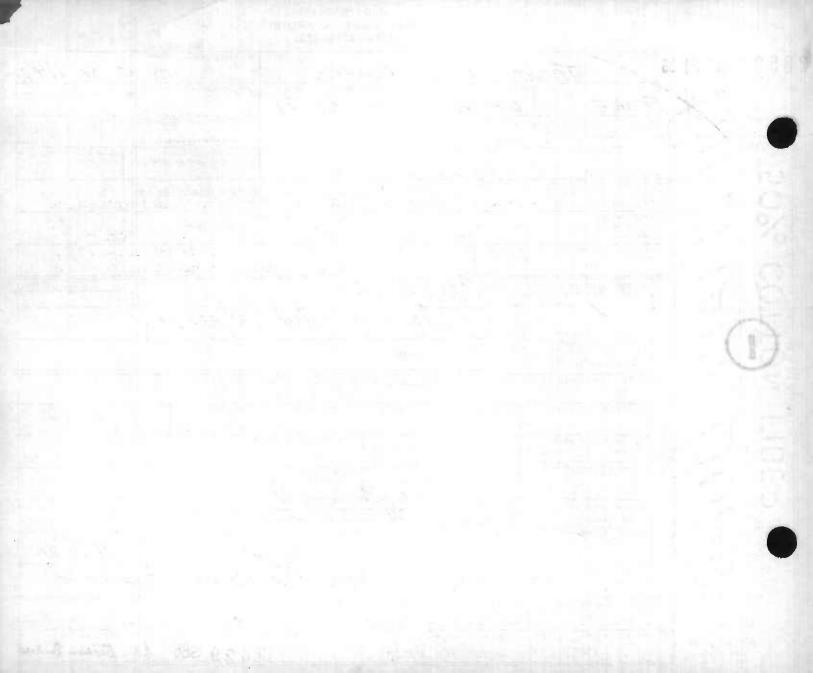
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INFARY VIAN BEXALLE MAJERIAN ALERE EVILLET AND A SUP-

augit, ol .cat. Y TO TAKE TIBERTO MOTE INC. T IN U.S. AS - TEN - SEYLAND EN - SET - SA

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		FOR			E OF MARYLAND BEALTH AND MENTAL HYO	GIENE &	, 3	6 -	, 0 0
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A STATE OF THE STA	1 100		MIDDLE		1241	20. DATE OF D	REG. NO.	DAY YE	AR 2b HOUR
6-9EC 31		CHAND!		R.	UNADA	Za. DATE OF L	13		86 11404
000	-	Agos	I RACE	5. DATE O	OC BIRTH	A AGE JONYEA	RS (AST BIRTHDAY)	IF UNDER 1	/ / / / / /
14		FUAL -	11.1	MONT		O. ACE THATES			DAYS HOURS MIN.
1	1	CINHLE	WHITE	3	21 01	A DAITHAOD	85 YE		<u></u>
25		RTHPLACE (1141) GR FORLIGH COUNTRY)	76 CITIZEN OF WHAT	MARRIE	D NEVER MARRIED	BALTIMOR	CITY OK COU	NIT OF DEAL	"
50	_	itersburg, Md	USA	WIDOWI	DROTHER INSTITUTION	120. USUAL O	shingto		MD
1	10.C	TY OR TOWN OF DEATH		Y, GIVE STREET ADDRESS)	OR OTHER INSTITUTION		OR MOST OF WORKIN	NG LIFE) INDUS	ND OF BUSINESS OR
11		agerstown		n County H	ospital	none			
25	124	AT RESIDENCE IN MANUEL HOME COU Tryland Was	INTY 13c. CI	TY OR TOWN lagerstown	13d. INSIDE CITY LIMITS?	13e STREET AL	DDRESS / ZIP C	ODE	C Home
1	_	THER'S NAME	mingcon 1	agerstown	15 MOTHER'S MAIDEN NA		I VIIIA	Nulsin	g nome
3//	1985/85	Daniel	MIDDLE	dderly	Lilly		MIDDLE	Rohre	r r
le de		VAS DECEASED EVER IN U.S. A		OCIAL SECURITY NO.	17 INFORMANT	2	400 REJeft	ferson	Blvd.
P /		YES, NO OR UNKNOWN) 1 IF YES, G	IVE WAR OR DATES)		Gerald K. Bo	ward H	agerstov	wn, Mar	yland
or other frau		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	(c)	CONSEQUENCE OF		1			
to but	N.	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIB	BUTING TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE	OR CONDITION	GIVEN IN PAR	RT 110
2	TIFICATION	1% DATE OF OPERATION	196 CONDITION I	OR WHICH OPERATIO	ON WAS PERFORMED	20a AUTOP	PSY? 206. IF	YES, WERE FI	INDINGS USED USES OF DEATH? NO
90	8	210. ACCIDENT WAS UNDERLYING	110110 4 11 1	RY NONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATE	RE OF INJURY IN ITEN	A 18 PART 1 OR PAR	11 2)
17	CAL	OR CONTRIBUTING CAUSE OF D	LAIN	19				7 100	
6	MEDIC	21d, INJURY OCCURRED	21e PLACE OF INJ	URY TORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	0	CITY OR TOWN	COUNT	TY STATE
and a	1*	NOT WHILE AT WORK		1/1	811				
		224.1 certify that (I) (this has			. 19	, to		. 19	, that (I) (we) los
i če		sow the deceoled olive o	not view the body after a	19 0V . o	nd that in (my) (our) opinion	deoth occurred	on the date and	hour and Iron	n the couses stoted
l ke		774 SIGNATURE	unl	,	DEGREE ATTENDING	MEDICAL_	STAFF	19	DATE SIGNED
15-	1	THE EHYSICIANS NAME IT	And A		PHYSICIAN 22e ADDRESS > (2)	DIRECTOR	PHYSICIAN [1 /+	-20 09
PORT		FX-100	Ad12000A	_	382 pm	0/9081	HY Par	gentra	U NOT
137		BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d LOCAT	ION /	COUNTY	57.477
		Burial	Dec 29, 1	986 Broadf	ording Cem.		rstown	Wash	Maryland
OM 7/84	24 F	UNERAL DIRECTORMinnic	h Funeral H	lome			GISTRAR 256 RE		
5, 4)			st Wilson E	Boulevard		DEC 29	1986	Julia De	adorn-Roudald



	1-	FOR STATE BEGISTRAR		A	DEPARTA 1vena	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE Ö Ö	5 0 4.	0 1		
		CEPHINIT	Ähna	1	MIODLE	ВО	WLEY	20. DATE OF DEATH 6 MONTH	CIAY YEAR	26. HOUR 3:40		
	1.58)	female		4. RACE white			7, 1912	6. AGE (IN YEARS LAST BIRTHDAY) 74 YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.		
117	9350E	nnsylvania		76. CITIZEN OF USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY <u>OR</u> COUNTY OF DEATH Washington				
5	Hagerstown			Ravenw	ood Luthe	address)	or other institution 7111age	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING accountant	of Business OR			
2	USUAL RESIDENCE (IF NURSING HOMEO 13% STATE 13b. COU Maryland Was)				13c. CITY OR TOWN Hagersto	N	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP CO		21740		
	Samuel B			MIGDLE	Skipper		15. MOTHER'S MAIDEN NAV	Jane	100	Alison		
		VAS DECEASED EVER VES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU		Sue Baker, H	ADDRESS Lagerstown, Mary				
	MEDICAL CERTIFICATION	Conditions, if any, gave rise to imm cause (a), statin underlying cause	AS CAUSE IMMEDIAT which nediate g the last. WEICANT C CALEXAMINER RED ILE LIK LIK LIK LIK LIK LIK LIK	DBY: E CAUSE (a) DUE TO, O (b) DUE TO, O (c) CONDITIONS CI 196 COND 216. TIME C HOUR A. P. 216. PLACE (AT HOME, STI	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO E TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY DEET, FACTORY, OFFICE, F. e deceased from 19	NCE OF NCE OF DEATH BUT OPERATIO AY YEAR 19 ARM, ETC.)	21c. HOW INJURY OCCURS 21f LOCATION STREET	INAL DISEASE OR CONDITION (200 AUTOPSY? YES NO IN CER YES NO IN TOWN CITY OR TOWN TO COLOR TOWN A TO COLOR TOWN MEDICAL STAFF DIRECTOR PHYSICIAN	GIVEN IN PART TI YES, WERE FINDI RTIFYING CAUSES YES IS PART I OR PART 2) COUNTY Address of the part of the p	NGS USED SOF DEATH? NO STATE		
		22d PHYSIC TS NA	ME (TYPE O	R PR			22e ADDRESS	۸	5	1		

TO FUNERAL DIRECTOR: After this certificate has been MPORTANT: If them 21 is marked or them-18 shows any BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

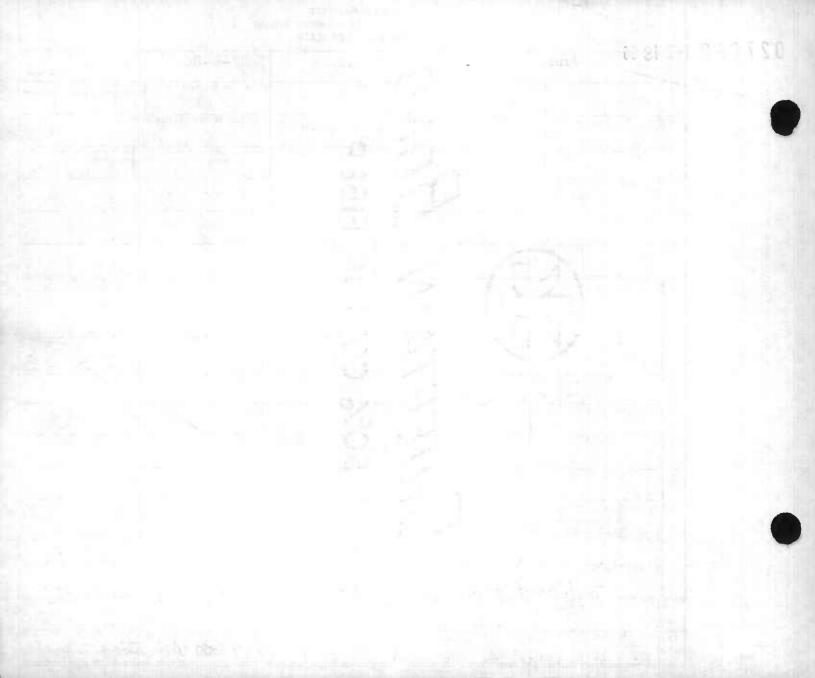
230. BURIAL, CREMATION, REMOVAL (SPECIFY) burial 24 FUNERAL DIRECTOMINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

234 NAME OF CEMETERY OR CREMATORY Dec. 10, 1986 Rest Haven Cemetery 23d LOCATION CITY OF TOWN

cery Hagerstown, Wash., Maryland

250. Date REC'D. By REGISTRAR 255. REGISTRAR'S SIGNATURE

DEC 1 7 1986 Julia Dondon Radge



DECEMBED NAME

10 CITY OR TOWN OF DEATH

Hagerstown

FIRST Moses

TYPE NO OR UNKNOWNS no

4 FATHER'S NAME

EDNA

IF NURSING HOME OR OTHER INSTITUTION. 136 COUNTY

M.

18 CAUSE OF DEATH Enter only one cause per ling for (a), (b), and (c)

IMMEDIATE CAUSE 10

220.1 certify that X (this haspital) attended the deceased from

I STATE OR FOREIGN

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if any, which gave rise to immediate cause (a), stating the

underlying couse last

210 ACCIDENT WAS UNDERLYING

214 INJURY OCCURRED

226 SIGNATURE

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

saw the deceased alive an

NOT WHILE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND

LAST

5 DATE OF BIRTH MONTH

MARRIED | NEVER WIDOWED

> 13d INSIDE C YES T

MIDDLE Mae

COUNTRY?

Western Maryland Center

Rudisil1

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

196 CONDITION FOR WHICH OPEN

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC)

alter deoth

DAY YEAR

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE

216. TIME OF INJURY

P.M.

21e. PLACE OF INJURY

HOUR A.M. MONTH

NAME OF HOSPITAL NURSING HOME OR OTHER INS

CERTIFICATE OF

ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	
ST.	20. DATE OF DEATH MONTH DA	YEAR 26 HOUR
DWMAN	12/1	1/86 5:40AM
BIRTH	6. AGE (IN' TBIRTHDAY	UNDER 1 YEAR IF UNDER 24 HRS
28 11	75 YRS.	DNTHS DAYS HOURS MIN.
NEVER MARRIED DIVORCED	Washington	OF DEATH MD.
OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
er	nurse's aid	
13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESSY ZIP CODE	Lang Ale
15. MOTHER'S MAIDEN NAM	MIDDLE	LAST
Maggie	Mae	Ridenour
17 INFORMANT	ADDRESS	KIdelloui
	nk, Hagerstown, M	ſd
and the second second		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
henroul	h	days
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211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
9 81	19/11	01
that in (my) 2620 opinion (death occurred an the date and have	nnd from the causes stated
ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/11/87
We ADDRESS US CTETAL ME	y land Center, H	Lagustown,

(VRA 15, 4)

DHMH - 16 60M 7/84

23a, BURIAL CREMATION REMOVAL 23b DATE buria1

WEST 23(NAME OF CEMETERY OR CREMATORY

DEGREE

23d LOCATION

Dec.15,1986 | St. Mark's Lutheran Cem. Wolfsville, Wash., Maryland

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740 DEC 22 1986

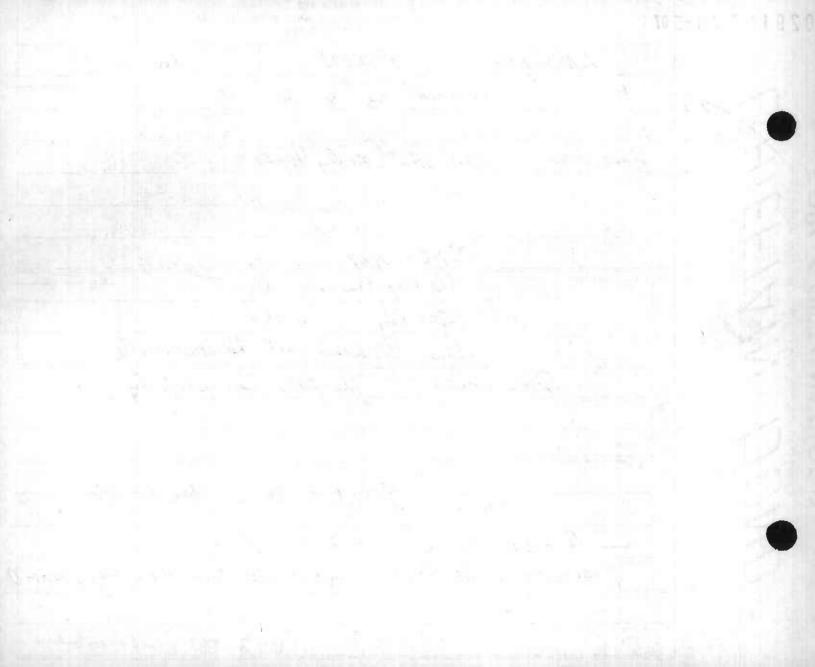
Julia Tinder Ra



(VRA 15, 4)



9 6 6 JAN -5	STATE OF MARYLAND OF FOR STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE S CERTIFICATE OF DEATH REG. NO.
1 74	LAWRENCE J. BYKON 70. DATE OF DEATH MONTH DAY YEAR 78 HOUR
ector po	A RACE A RACE S DATE OF BIRTH ANNIH ANNIH S DATE OF BIRTH ANNIH ANNIH S DATE OF BIRTH ANNIH ANNIH YEAR
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To the state of th	USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCY SEFORE ADMISSION) 130 STATE 131 COUNTY 132 CITY OR TOWN 134 INSIDE CITY LIMITS? 132 STREET ADDRESS / ZIP CODE 200 NORTH STREET
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that the death cent co toy the tender of they cale removement or remove differ transmittle event of other transmitter event	Conditions, if any, which gave rise to immediate cause last United to the property of the pro
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PerSCIAN. The interest of physician this certificate bus a buriol frankly power of Merital Proposes for them 18 shows	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? HOUR A.M. MONTH DAY YEAR P.M. 19 210. INJURY OCCURRED 210. ACCIDENT WAS UNDERLYING OR ON THE CONTRIBUTION OF THE C
ATTENDING suspension of the ECTOR After of the use or the of or Health or m. 21 s market	270. I certify that (1) (this haspital) attended the deceased from sow the deceased alive an abave, (1) (we) (did) (did not) view the body after death.
D HOSPITAL OR Solited by the hospital big on equal to detach the form the f	22d. PHYSICIAN'S NAME (IMPE OR PRINT) PRODUCTION 22d. PHYSICIAN'S NAME (IMPE OR PRINT) PRODUCTION 22d. ADDRESS Clevelous ave. Hogerstman HY
81 24127 BP	BURIAL 12=23=86 REST HAVEN CEMETERY OF CREMATORY HAGERSTOWN WASH. MD.
DHMH - 16 60M 7/84 (VRA 15, 4)	BURIAL 112=23=86 REST HAVEN LEMETERY HAGERSTOWN WASH. MD. 74 FUNERAL DIRECTOR 305 N. DDPOTOMAC ST. GERALD N. MINNICH HAGERSTOWN, MARYLAND 1250 DATE REC'D. BY REGISTRAR'S SIGNATURE HAGERSTOWN, MARYLAND 1250 DATE REC'D. BY REGISTRAR'S SIGNATURE TAN 2 1987 Julia Ju



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE O STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) 10:14 ESTI DEATH MATED DEC. 21 BENJAMIN CAMPBELL FRANKLIN 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR TIF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED Male Cauc. June 21, 1921 10 86 65 DEAD DEC. 21 7h CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED FOREIGN COUNTRY U.S.A. Virginia DIVORCED WASHINGTON IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Knoxville Electrician 120 TE Construction HO/1 0 ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland NO IX Route 2. Box 146-A Washington 21758 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Tunis Henry Campbell No1a Charlotte Frve 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS [YES, NO. OR UNKNOWN] THE YES GIVE WAR OR DATES) WWII ves 228-18-4054 Thelma A. Campbell (same as #13) wife 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH E-890 - FIRE PRIVATE DWELLING MOMENTS DUE TO, OR AS A CONSEQUENCE OF (INHALATION OF SMOKE AND TOXIC if ony, FUMES ! gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD."
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNEAL DIRECTOR; PAGE 3 SHOULD BE USER AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALT WORE, MARYLAND, \$1201 PRIOR TO BURBALL YES 3 NO X 210 EXTERNAL CAUSE WAS HA TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OVERCOME FROM SMOKE FROM FIRE IN LIVING ROOM UNDERLYING AOR CONTRIBUTING CAUSE OF DEATH 10:15 XDEC. 21 OF HOME 214. INJURY OCCURRED 21e PLACE OF INJURY TATHOME 21 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK RT.#2, BOX 146A NR. KNOXVILLE, WASH. HOME Mp. 220 I certify that I took charge of the remains described above, held an Inspection X Autopsy Inquiry Suicide Hamicide ___ Undetermined manner TITLE (SPECIFY) DATE DEC. 22,1986 DEPUTY SIGNATURE MEDICAL EXAMINER WEST WASHINGTON STREET EXAMINER'S NAME EDWARD W. DITTO. III. M.D. HAGERSTOWN, MARYLAND 21740 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 12-24-86 Mt. Pleasant Cemetery Burial 07/84 Taylorstown (Loudoun) Virginia 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR DHMH - 17 ADDRESS P.O. Box 1316 Aulia Tindron Produce (VR A15 ME (5)) oudoun Funeral Chapel Leesburg, Virginia 22075

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Poge direct hours	1	BIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	Dec. 29, 19	O PAITIMOPE CITY O	YRS PR COUNTY OF DEATH
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m mile	13e	UAL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN Maryland Wash		N 13d INSIDE CITY		ZIP CODE 21740
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certificate be ing physician bonpapers. P r removal.			ly one couse per line for (g), (b), an		Mantion	APPROXIMATE INTERVAL BFTWEEN ONSET AND DEATH
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requires t een signed rt. Then ple iar ta burie ny injury, o	NOI				THE TERMINAL DISEASE OR CON	
as be pre pre pre pre pre pre pre pre pre pr	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORM	YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
SICIAN: The physician og physician certificate hental-tronsit pental Hygiet from 18 shav	.00	OR CONTRIBUTION C CAUSE OF DE	P.M.	AY YEAR 19	Y OCCURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I ORPART 2)
VG PHY ottendii ffer this as the but hond M arked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	PARM ETC) 21f LOCATION STREET	CITY OR TO	wn COUNTY STATE
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by the hose by the hose detached State Dept. If them		27h. SIGNAURE	ull	PHY	NDING MEDICAL STAI	
TO HOSPITAL TO FUNERAL should be det with the Store		22d PHYSICIAN'S NAME TYPE O	Brull	22e ADDRESS	59 Potomo	c Ave. Hopeyton
BP	230	BURIAL, CREMATION, REMOVAL (SPECIFY) burial	Dec.10,1986 Ro	NAME OF CEMETERY OR CREADSE Hill Cemet	ery Hagersto	own, Wash., Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)		FUNERALDIRECTOR MINN 415 E. Wilson Bl	ICH FUNERAL HOME vd., Hagerstown,		DEC 1 7 1986	

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DE GEASED NAME DEATH MATED AUG. KATHERINE EDWIN CLIPP 4 RACE AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED White Nov. 10 1910 75 YRS DEAD 7h CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR P. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA WASHINGTON WIDOWED [DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION CTYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! Hagerstown Western Maryland Center Fairchild Factory USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Washington Hagerstown YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Edward Katherine Brady 17. INFORMANT 166 SOCIAL SECURITY NO. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 234 01 9587 no John R. Brady Hagerstown, Ma 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY #414 - ARTERIOSCLEROTIC HEART DISEASE WITH MANY YEARS -IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF #427 - ATRIAL FIBRILLATION AND Conditions, if any, which - SEVERE CHRONIC OBSTRUCTIVE PULMONARY MANY YEARS gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. INTERTROCHANTERIC FRACTURE LEFT HIP 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 3/26/86 INTERTROGHANTERIC FRACTURE LEFT HIP YES NO X 710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR 7:30xxMARCH 261986 CONTRIBUTING A CAUSE OF DEATH FELL GOING TO BATHROOM 71e PLACE OF INJURY (AT HOME, 7 If LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK HOME ENNSYLVANIA AVE. . HAGERSTOWN. WASH. . MD. 22a. I certify that I took charge of the remains described above, held an Autopsy Natural couses X. Accident death resulted from Suicide Undetermined monner PAGE 4 SHOULD E TO FUNERAL DIRE AFTER DEATH, WIT BARTIMORE, MARK TITLE (SPECIFY) DATE AUG. 15.1986 217 WEST WASHINGTON STREET EXAMINER'S NAME EDWARD W. DITTO, III, M.D. HAGERSTOWN, MARYLAND 21740 (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23r. NAME OF CEMETERY OR CREMATORY Edge Mill Cemetery Charles Town Jefferson W. Va 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** Charles Town, W. Va. (VR A15 ME (5))

THE STATE AND ADDRESS OF THE STATE OF THE ST DE SET ACTION THE STREET, STREET AND AUG. 14 LOUA MOTOWING TOOM TERREY YORK HIT WAS I THAT SETTON SHELD IN SET SHA ROLLANDIBUL TOLETO - S STARY POLICE AND AND AND AND THE PROPERTY OF THE PARTY OF THE STRUCTURE CHEST WIFE LIBER WIFE 120/00 interface anterior pareture LEFT HIE NOORSTAL OF RESPECTABLES OF SECTION OF AUG. 15,1336 YT. 53 TIBERTA CREEK IN AS TALL S tom. . TT., Ills... B Distribu many of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE O - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH ALGISTRAR REG. NO SED NAME 2a DATE KNOWN [] (TYPE OR PRINT) OF ESTI-DEATH MATED & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE LAST BIRTHDAY PRONOUNCED Dec. 26, 1903 White DEAD Female To BIRTHPLACE (STATE OF 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Wisconsin WIDOWED X DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION ETYPE OF WORK Housekeeper Hotel Md. Hospital Hagerstown Center HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 21740 13d INSIDE CITY LIMITS? 13e STREET ADDRESS NO [1220 South Potomac Street Washington Hagerstown Maryland 15 MOTHER'S MAIDEN NAME ##S1 MIDDLE Baughman Trautman Helen Max 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 1220 S. Potomac St. (YES, NO, OR UNKNOWN) 214-09-5046 Betty G. Chaney No Hagerstown Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), one BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 FOR HOUR A.M. MONTH DAY YEAR UNDERLYING 10 28 1986 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211 LOCATION WHILE NOT WHILE Home 220 I certify that I took charge of the remains described above, held an Autopsy and in my opinion Natural causes Accident Homicide Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 12-16-86 Rose Hill cemetery Hagerstown Washington, Md. Burial 07/84 25M 24 FUNERAL DIRECTOR DHMH - 17 NAME ADDI Hagerstown, Md. (VR A15 ME (5)) Aulia Tionson Po Coffman Funeral Home, Inc.

ELIST EVEL THE STATE OF SHAPE

Female White Dec. 20, 1303

Bagerstown Western Md. Hospital Cepter Houseksemer

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Decitor's

Maryland Washington Sagerstown N 1970 South Notonac Street

214-UP-50MS Setty G. Chancy

12-16-85 Fose Hill Constant Hacersbown, Washington, Me.

Haderstown, Md.

FoldE 22720

1220 S. Potomec St.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1.5E	X.	4.	RACE		S. DATE O			6 AGE (IN YEARS LA	ST BIRTHDAY)		YEAR	IF UNDER 24 HRS	
	Female		Whit	e	Janua	ary 26,	1900		86 .	rrs.	ATS	HOURS MIN.	
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Smithsburg, Md.			USA		WIDOWE		ORCED X	Washi	ingto	n		WL	
10 C	TY OR TOWN OF DEAT			HOSPITAL, NURSING		R OTHER INST	ROTHER INSTITUTION 12a USUAL OCCUPATION					F BUSINESS OR	
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USU.	AL RESIDENCE (IF NURSING	IS COUNTY		GIVE RESIDENCE BEFORE		13d INSIDE CI	TY LIMITS?	13e.STREET ADDRE	SS / 7IP		21	741	
Ma	aryland		ngton	Hagersto		YES X	NO 🗌			Potomac	St	reet	
	ATHER'S NAME	, MID	DLE	LAST		15. MOTHER'S		ME	LE		LAS	T.	
	John	W.	-	Castle	9	Han	nah	Ε,			Lewis		
	VAS DECEASED EVER I	U.S. ARME		166 SOCIAL SECUI		17 INFORMAL		1408 A	Sherm	an Aver	ue		
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AL CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stoting underlying couse PART 2 OTHER SIGN THE DATE OF OPERATION 21a, ACCIDENT WAS UNDER OR CONTRIBUTING C	which ediote the lost.	DUE TO, OI DUE TO, OI DUE TO, OI CO DUE TO, OI CO 170 CO 170 216. TIME O HOUR A.	A FOR WHICH IF INJURY M. MONTH DA	DEATH BUT	NOT RELATED	TO THE TERM	diska	CONDITIO 20h IN C	N GIVEN IN PA	INDIN USES	NGS USED	
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	224. PHYSICIAN'S NA	ME ITYPE OR PE	RINI	.0		22e ADDRES						4102	

should be detached with the State Dept MPORTANT

FOR STATE

GLORIA F. PURA

231 NAME OF CEMETERY OR CREMATORY

366 MILL ST. HAGERSTOWN P.S.

230. BURIAL, CREMATION, REMOVAL Burial

Dec. 29, 1986 Rose Hill Cem. Hagerstown,

Wash Maryland

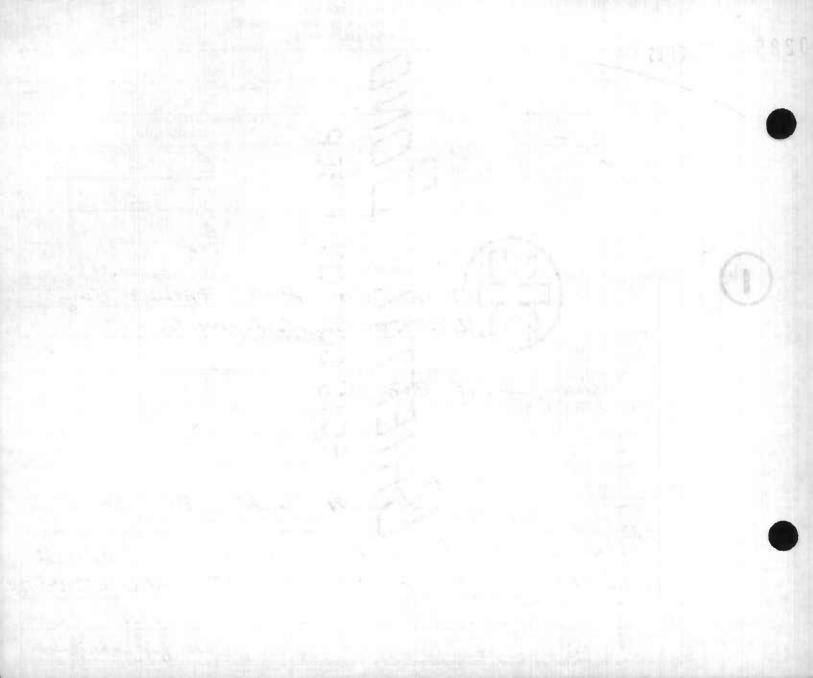
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Minnich Funeral Home 415 East Wilson Boulevard

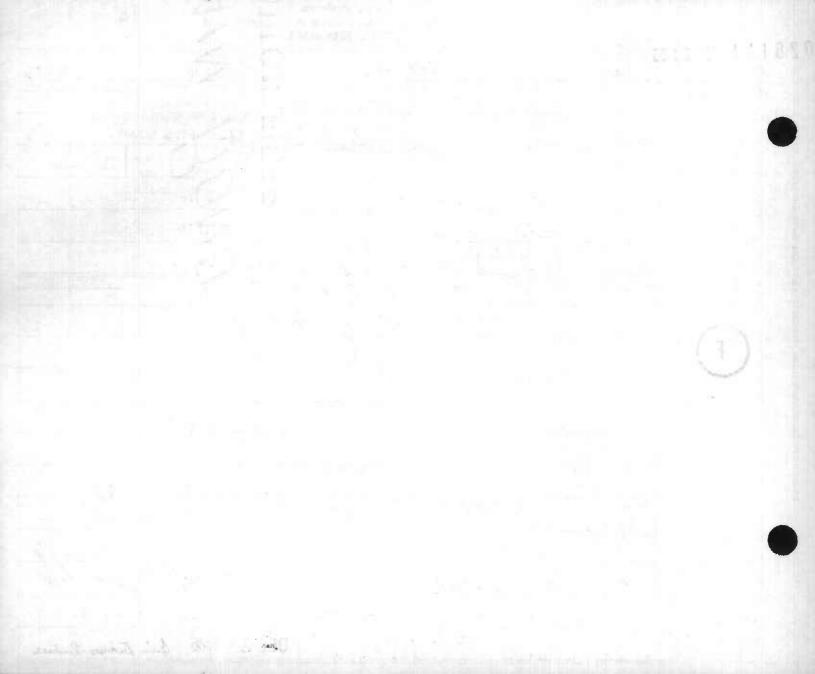
236 DATE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Julia Davidson Rudozas

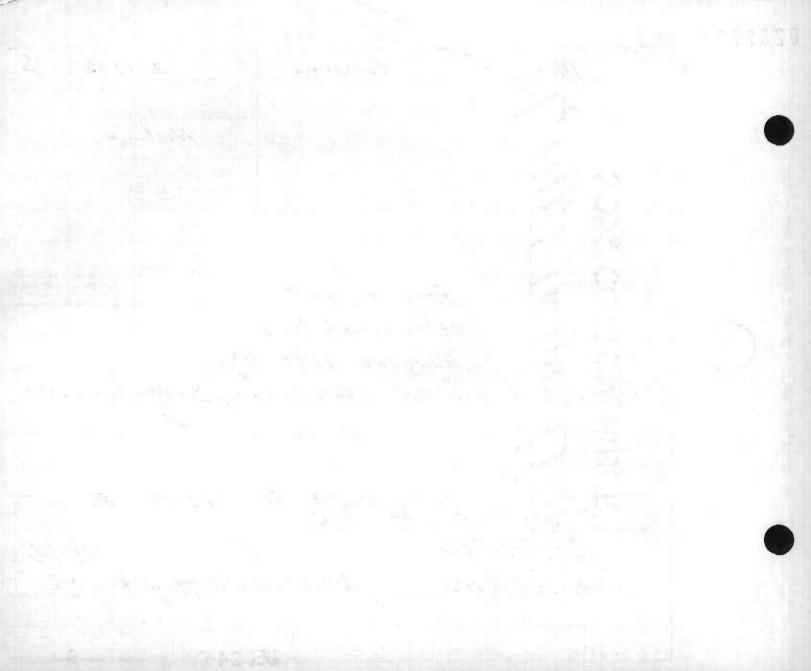


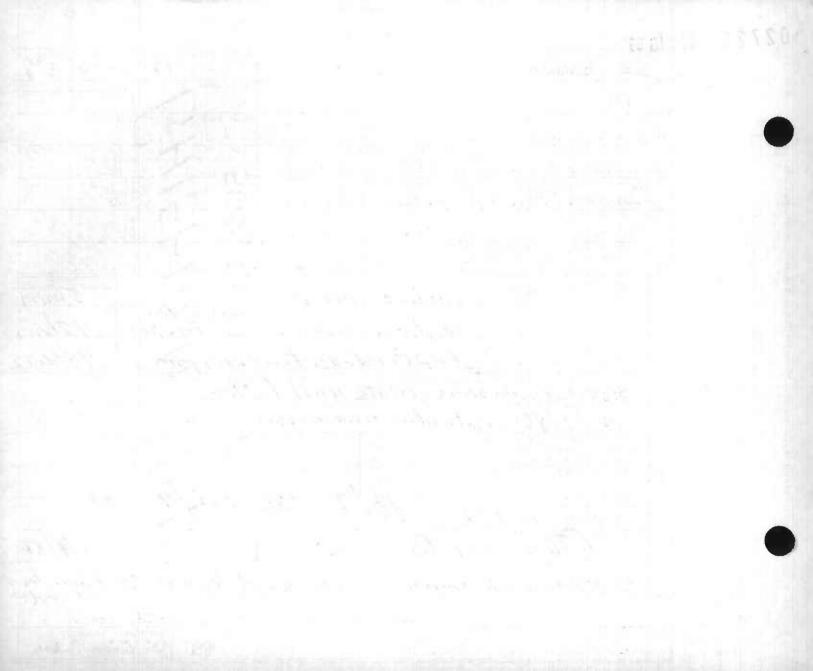
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po and c	160	YES LINKHOWN)		MED FORCES?	166 SOCIAL S 214-09		NANCY		OMER SAME A			(IMATE INTERVAL ONSET AND DEATH
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O HOSPIT TO FUNER Absolute the distribution of the STO MP OFTAN		E. T.	for	1/1/20	Abol		7 ST	Jan	elsurbug	1 11	gelitz	49
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DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	GERALD	N. Mi	NNICH		POTOMAG		T 250 DATE	C 2 3 1986	1 1	Junden.	



415 E. Wilson Blvd., Hagerstown, Md. 21740

(VRA 15, 4)





	l be	FOR STATE	DEP	STATE OF MARYLA ARTMENT OF HEALTH AND N	IENTAL HYGIENES O	3 6	3 1
29520 JAN -	10 01	REGISTRAR		CERTIFICATE OF D	EATH	REG. NO.	
OCCUPANT OF THE PROPERTY OF TH		EASED NAME FIRST	WIDDLE	LAST	2a DATE OF D	EATH MONTH DA	YEAR 26 HOUR
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ao, po	3 SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEA		FUNDER I YEAR IF UNDER 24 HRS
ge 4 ector irs of	1	Male	WHITE	B 28	1908 5		ONTHS DAYS HOURS MIN.
4 30 X		THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN		ARRIED '	CITY OR COUNTY	
1 1 X		11551551991				SHINGTO	
1/19	10 51	Y OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE	JRSING HOME OR OTHER INSTI STREET ADDRESS)		CCUPATION ORMOST OF WORKING LIFE) TECHNICIAN	126 KIND OF BUSINESS OF INDUSTRY
113 3+	USUA 13a, S	L RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE				1011012100
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Je John C	N	DILTON AND	DIEZW DIC	rey oi	IRST	MIDDLE	Heboe
d cortes los	160 W	AS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL	SECURITY NO. 17. INFORMAN		ADDRESS	7,07,0
S. Page	(YI		L WWT 428-	40-473 MAR	y pickey	(Irein 1	3 ABOUR)
ysicio operi ivol.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line for (a), (I	ol, and (ci.)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ndin carb or or			DUE TO, OR AS A COMS	EQUENCE OF	7		Sylder
e death move ca parion, o troumat		Conditions, if ony, which	((b) H3	CVD, CA	0		Sugar
er e e e		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	EOUENCE OF	1		A STATE OF
4 400		underlying cause last	(c)	dignant hype	TEN FLOW		
quires signe her pl no b	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE	OR CONDITION GIVE	N IN PART 110
w rec	CERTIFICATION	90 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PERFOR	RMED 200 AUTOP	SY? 20b. IF YES,	WERE FINDINGS USED
no. has I	≝					IN CERTIFY YES	ING CAUSES OF DEATH?
N. Thysicio		210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJ	TURY OCCURRED (ENTER NATU		
ICIAN 9 phy pol-tre infol-tre infol-tre	ICAL 0	OR CONTRIBUTING CAUSE OF DE		DAY YEAR			
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NG PH Witer things the land thand	WEDI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O			CITY OR TOWN	COUNTY STATE
Afte os alth		22a.1 certify that (1) (this hasp	ital) attended the deceased f	om	10 to	7/26	tha (II) (we) los
TEN TO OR		saw the deceased alive as		Print and	our) opinion death accurred	on the date and hour	
RECT RECT Port of the part of	1	obove, (I) (we) (did) (did no	view the body after death.	DEGREE			22s. DATE SIGNED.
he he he be		of L		MID AT	TTENDING MEDICAL	STAFF	12/2006
SPITAL SPITAL By the NERAL Be deto	1	22d. PHYSICIAN'S NAME ITYPE	melle.	22e ADDRESS	HYSICIAN DIRECTOR	PHYSICIAN TH	114 -0100
O D D T W		PIVI	11 000	Good	21 /200	Kendenil	(a) Med
Showly Mark		NICH NURIL	11/10	Jees !	no cona,	- Congoun	10,110
20		JRIAL, CREMATION, REMOVAL	13b. DATE /2/27/86	23c NAME OF CEMETERY OR C	CITY OR	TOWN	COUNTY 1 NSTAR
BP	24 511	CREWITTEN NERAL DIRECTOR	12/2//06	SIMITHSBURY Co	LIMATORIUS MITT	45BURG WI	HSH, 1901.
DHMH - 16 60M 7/84	1	NAME AM	ADDI		250 DATE REC'D. BY REC	ISTRAKIZSE REGISTR	AK 5 SIGNATURE
(VRA 15, 4)	1/1	1400K 111056	SOKING Ulici	innecomt . Md.	I IAN O IS	JI 3: 6	

Continued the second melinat hopothera) Sich War Frederich All I

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST ALDD LE 20 DATE OF DEATH -- MONTH DECEASED NAME TYPE ON PRI Wilmer Earl DUNN 4 RACE 5. DATE OF BIRTH 6 AGE TIN YEARS LAST BIRTHDAY June 25, 1920 YEAR White 66 A BINTHPLACE LETATE OR FOREIGN 7% CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED West Virginia Washington U.S.A. WIDOWED DIVORCED | NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE Asst. Manager Route 2 Smiths burg ITSULAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13x STATE 135 COUNTY 13c. CITY OR TOWN Rt. 2. Box 330 13d INSIDE CITY LIMITS? Md. Wash. Smithsburg 15. MOTHER'S MAIDEN NAME FATHER'S NAME MIDDIE LAST Flossie H. Dunn Raymond 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 16b. SOCIAL SECURITY NO LYES NO OR UNKNOWN Mrs. Ruth L. Dunn, Smithsburg, Md., 21783 Y88 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, il ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NOIZ 216 TIME OF INJURY 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 1 certify that (1) (this haspital Tottended the deceased from above, (I) (we) (I) did not view the body offer death 22b. SIGNATURE DEGREE

Dec. 19, 1986

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN TO THE CTOR PHYSICIAN 231 NAME OF CEMETERY OF CREMATORY
Smithsburg Crematory Smithsburg, Julia Dividion Paridale

2b H∩UR

IF UNDER LYEAR

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126 KIND OF BUSINESS OR

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21783

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Murray

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Davis Funeral Home, Smithsburg,

230 BURIAL, CREMATION, REMOVAL ISPECIFY) Crenation

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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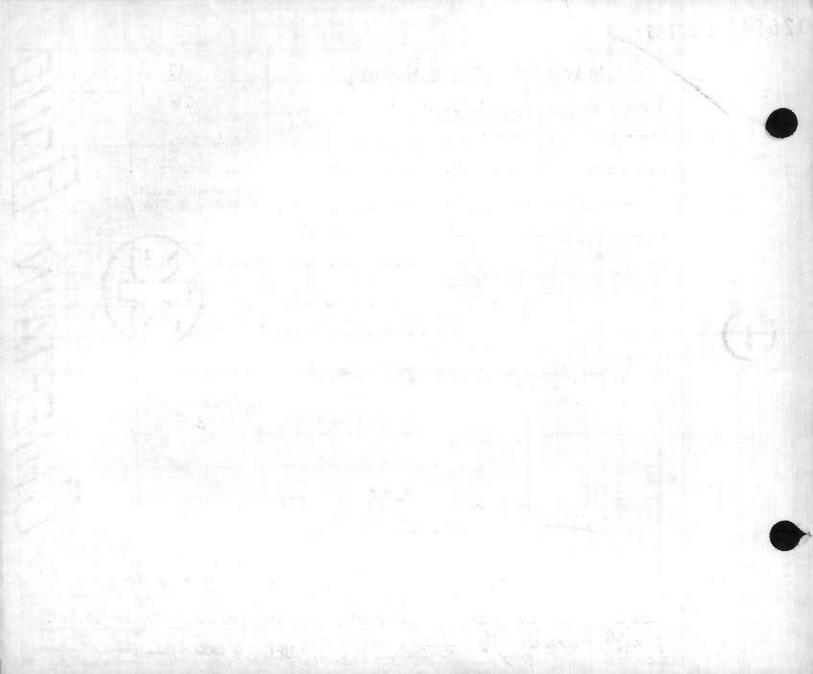
STATE OF MARYLAND

Julia Divideon Pandale

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-	2.58	Female	Cauc	asian	MONTH ON 1900	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN.
0 185		RTHPLACE (STATE OR FOREIGN	U.S.A.	HAT COUNTRY? 8	MARRIED NEVER MARRIED DIVORCED [9 BALTIMORE CITY OF	COUNTY OF DEATH
The state of the s	V	TY OR TOWN OF DEATH	(IF NOT IN SUCH F		OME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	
ND 21 PORT	1.5U 13a	AL RESIDENCE LIF NURSING HOME OF	OTHER INSTITUTION GI	VE RESIDENCE BEFORE ADM 3. CITY OR TOWN Frederick	ISSION)		ZIP CODE 2 Road/21701
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Thomas and	life y	MAS DECEASED EVER IN U.S. AR ES. NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16	220-18-32		Mullenix H	Rt.#1 Box 353 Big Spring,Md.21722
S. 201 W. PRESTON ST greet that the absolute ground is please contraction of the build contraction or en	,	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(c)	AS A CONSEQUENCE	E OF LOS	ERT SUL	DITION GIVEN IN PART 110
IL RECORD Its low respons on host been a person in the sense person in the sense only right.	CERTIFICATION	19s DATE OF OPERATION	1% CONDITIO	ON FOR WHICH OPE	RATION WAS PERFORMED	JSN AUTOPSYT	IN CERTIFYING CAUSES OF DEATH? YES NO
NOF VITA	MEDICAL CER	21s. ACCIDENT WAS UNDERLYING CONCONTRIBUTING C CAUSE OF DE-	HOUR A.M.	MONTH DAY	19	URRED TIMES NATURE OF MUSIC	IN ITM IS PAST CB PAST 2)
DIVISIO No. 9445 Alter that to the thi th and M	MED	THE INJURY OCCURRED		LACTON OFFICE FARM	THE LOCATION	CUI ON JOH	ene COUNTY STATE
ATTEND Compiled to the soft file sof		12a Learning that (I) (this hosp saw the deceased alive an above (I) (hosp delications) 12h SiGNATURE	12/200	19	and that in (my) (aur) opinic	n death occurred on the dat	te and hour and from the courses stated 12%, DATE SICNED
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TO HOS setsined TO Flux Should It with the WADOR!	Zie	SURIAL CREMATION, REMOVAL	701/3/21	DAL JOHNAM	E OF CEMETERY OF CREMATOR	W WILL WATER	4 Bragery al
ВР		Burial	12-23-15	986 Rock	y Springs Cemet	ery Frederic	k, Frederick, Md.
	1150	SIENAM HELDE CALL	The roll	7007 17	250 D	ATE REC D. BY REGISTRAR 2	Sb. REGISTRAR'S SIGNATURE

1201 N. Market St. 130 DATE REC D. BY REGISTRA Frederick, Md. 21701DEC 2 9 1986

DHMH - 16 60M 7/B4 (VRA 15, 4)



(VRA 15, 4)

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 D. HARTZLER

UNION BRIDGE. MD

STATE OF MARYLAND

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26 HOUR

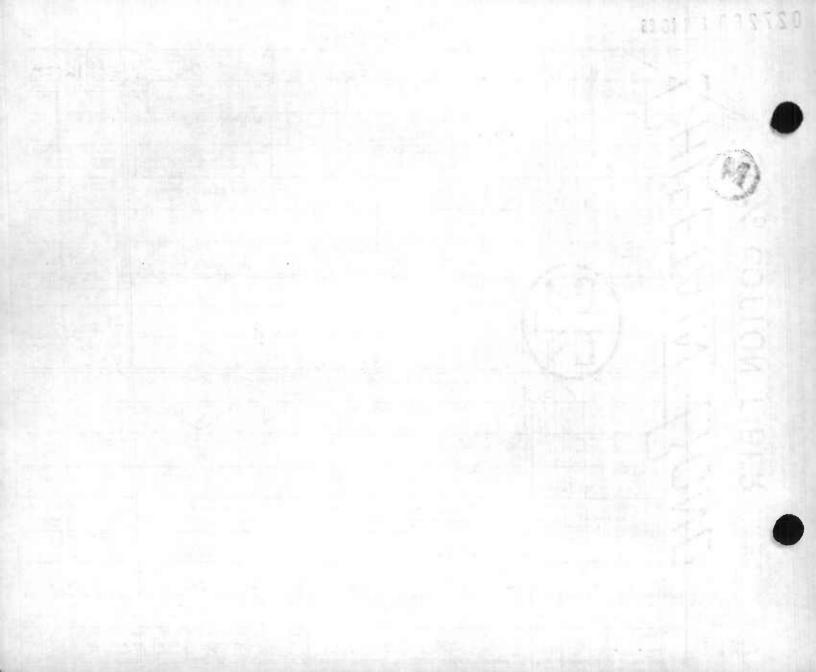
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21795

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STATE

LAST



DEPARTMENT OF HEALTH AND MENTAL HYGIENE C - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN [ESTI-DEATH MATED 3. SEX DATE OF BIRTH IF UNDER TYR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED White Male 92 59 DEAD YRS & BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Md. USA DIVORCED [WIDOWED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Fahrney-Keedy Memorial OR INDUSTRY Roonsboro Janitor at SUAL RESIDENCE (IF IN HUMBER OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STREET PLASES Eagle St., 21223 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Baltimore NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Fletcher Ida Norris Joseph 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. **ADDRESS** YES. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-32-5656 Chaney Same as James R. 18 CAUSE OF DEATH (Enter only one cause per line for (a) 46), and (c APPROXIMATE INTERVA PART I DEATH WAS CAUSED BY: HANRST andia Timus IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which lerotic Cardio - Vasculzogave rise to immediate 000 cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART L Retardation @ History of Peptic Vicer 18 ICATE, WRITING THE WORD "PE FORWARDED TO THE CHIEF N TOR: PAGE 3 SHOULD BE USED. THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, Q 196. DATE OF OPERATION USED, 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO R 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. TIE PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STYLMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from: Natural causes Accident Suicide Hamicide Undetermined manner Baltimore. Loudon Park Cemetery 07/84 BP 25M 24 FUNERAL DIRECTOR RopressPatapsco Ave., **DHMH** - 17 (VR A15 ME (5)) McCully Funeral Homes Balto Md

VEC 30 (2)

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9323 JAN -8	3 87	STATE REGISTRAR		DEFAR		ICATE OF DEATH	REG. N	40		
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sy be oge 3 deoth	(TYPE	OR PRINT) EARL		Abraha	n Fo	RA	Necember	er 31	86	405
moy pod	3 SE		1 RACE		5 DATE (OF BIRTH	6. AGE (IN YEARS EAST B	IRTHDAY) IF U	JNDER 1 YEAR	IF UNDER 2 HRS
ector ors of		Male	Whi	te		mber 28, 1895	91	YRS		MIN.
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To the filed with	ŀ	TY OR TOWN OF DEATH	Washing	ton Coul	nty Ho	or other institution spital	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST Manager		INDUSTRY	F BUSINESS OR Company
filled in	13a. S		other institution, hty shington	13c. CITY OR TO	WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1747 Edge		11 Cii	rcle Hag
Tunne Carel	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE		LAST	T
1 5 1/	4		Luther	For		Sarah		lane	War	rner
and c			E WAR OR DATES)	166 SOCIAL SEC		17 INFORMANT	ADD			
it in and it is the medical in the m		Yes W.W.		214-09		Belva Ford	1747 Edgev	rood Hil		
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ily one cause per D BY; TE CAUSE (0)	line for (6), (b), (ebro	iosale	chaece			MATE INTERVAL ONSET AND DEATH
Troumon of the same			DUE TO, OF	R AS A CONSEQ	UENCE OF					
		Conditions, if any, which gave rise to immediate	(b)							
4 6111		couse (a), stating the underlying cause lost	DUE TO, OI	RASACONSEO	UENCE OF				191	
1 200	1 -	PART 2. OTHER SIGNIFICANT O	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT BELATED TO THE TERA	ANAL DISEASE OR COL	VIDITION GIVEN	INI PART LIC	
squir Then to b	No	TAKE 2. OTTEK SIGNIFICANT	.01401110143 <u>CC</u>	NATION NO.	DEATH BOT	NOT KEERIED TO THE PERM	NIVAL DISEASE OR COI	ADITION GIVEN	IN PART TO	
hos been prior	CERTIFICATION	19a DATE OF OPERATION	196. CONDI	TION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	NGS USED OF DEATH?
7 4 5 6 4 7	W. W.	21a. ACCIDENT WAS UNDERLYING		F INJURY M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	ORPART 2)	
20 101 17	S S	OR CONTRIBUTING CAUSE OF DEA	ALC:		19		No.			
NG PHYSELA attending pl the this cent to the buried in and Mental	MEDICAL	214 INJURY OCCURRED	21e PLACE (OF INJURY	E, FARM ETC }	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
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A STATE OF S		saw the deceased alive an obove, (I) (we) (did) (did no	t) view the body	after death.	00,0	nd that in (my) (aur) apinian	death occurred an the	late and hour an		
CAL OR No. 10 Me		222 GIONATURE A	-10.	Δ	h	ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN [12 (3(18(
TO FUNE		Fredere L	4 10	12 224		1825 Ha	rell Rel	Hoges	town ?	, hal
	23a. l	BURIAL, CREMATION, REMOVAL SPECIFY) Burial				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	c	OUNTY	STATE
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DHMH - 16 60M 7/B4	24 1	JNERAL DIRECTOR Minnio		ADDRESS	17		TE REC'D. BY REGISTRA	1 1 .	Tenden	TO I
(VRA 15, 4)		415 Ea	ast Wils	ou RIAG	. Hag	. Md.	AND 1987	guita d	MARGETY	·Kandall



3310 000 00	1.	FOR STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE O 3	6 , 0 /
3 75 V			ctor	Lewis	,	EOX JR.	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
of a moy	3.58		4 RACE	ite	5. DATE	DF BIRTH 1914R	6. AGE (IN YEARS LAST BIRTHDAY) 71 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
1 135		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	TY OF DEATH
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10. C	ITY OR TOWN OF DEATH	11. NAME OF		NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
4	136	AL RESIDENCE (IF NURSING HOMI 13b CC	OR OTHER INSTITUTION	13t. CITY OR TOY Smiths	VN	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS / ZIP CO Rt. 1, Box 42	DE 21783
1270	14. F.	ATHER'S NAME Victor	MIDDLE	Fox S	Sr.	15. MOTHER'S MAIDEN NA Nellie	ME MIDDLE	Blickenstaff
medical medical		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) [IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECTION 220-10-3		17. INFORMANT Martha Bitne	r, Leitersburg,	Md.
due requires that the drafter that the drafter that the please rempley sorthor poor to buring constituting earliest earliest the drafter traumable even	MEDICAL CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO. COLONDITIONS CO.	Dras a conseou Distet Contributing to	ENCE OF CLEY O DEATH BU	0	MINAL DISEASE OR CONDITION G	(44
offerding physicisms for this certificate has a fire buriol frame the cheek and the ch		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (HE ETHER, NOTHEY MEDICAL EXAM 21d INJURY OCCURRED NOT WHILE ALWORK	DEATH HOUR A	OF INJURY A.M. MONTH D A.M. OF INJURY REET, FACTORY, OFFICE.	19	21c. HOW INJURY OCCUR 211 LOCATION STREET		YES NO
HOSPITAL OR ATTENDEN beined by the hospital or of D FUNERAL DIRECTOR, Att ovide be detected for site or thinks Store Dept. or Health POSTANT, if hern 21 is more		220. I certify that (1) this has saw the deceased allow obove (1) (we) idid idid 22b. SIGNATURE 22d. PHYSICIAN'S NAME (1)	nat New the bad	y after death.	u.D	DEGREE	death occurred an the date and he date and	that (1) (we) lost aur and fram the causes stated 22c. DATE SIGNED /2-//-86
21 2413	23a	BURIAL, CREMATION, REMOV	AL 23b. DATE Dec.1	3,1986 Re	NAME OF (EMETERY OF CREMATORY VON COMETERY	23d LOCATION Hagerstown, k	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	Davis Funeral	Home, Si	aithaburg	, Md.	, 21783 DE	C 2 2 1986 Julia	STRAR'S SIGNATURE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CLK	TIFICATE OF DEATH	REG	NO.	
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Tione.	RAYMO	W) X	oscoe	FREY		12 20	0 86 50
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	Hagerstown	Washi	ngton Count	y Hespital	TYPE OF WORLFOR MO	r	INDUSTRY Stere
USUA	AL RESIDENCE (IF NURSING NOME OR COUNTY			ON) 113d. INSIDE CITY LIMITS?	13e STREET ADDRES	SS / ZIP CODE	
		sn.	Saiths burg	YES NO		Box 63	2178
h FA	ATHER'S NAME	IDDLE	LAST	15 MOTHER'S MAIDEN NA	ME		IASI
V	Joseph	М.	Frey	Annie	Ma		Masters
	WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE		SOCIAL SECURITY N			DRESS	
	no	THE OR DAILES,	218-30-9928	Mrs. M. Edi	th Frey	Smithsbu	rg, Md.
	18 CAUSE OF DEATH (Enter only	ane cause per lin	e for (a), (b), and (c).	1.1			APPROXIMATE INTER
	PART I. DEATH WAS CAUSED		archiae	dupylkne	è		30 men
1	2209 MMEDIATE						
	Canditians, if any, which	DUE TO, OR A	S A CONSEQUENCE O	Manuel.			30 min
NO	PART 2 OTHER SIGNIFICANT CA	(c)	SACONSEQUENCE OF TRANSMINA TRIBUTING TO DEATH TO DELEGATE	fell down	AINAL DISEASE OR CO	ONDITION GIVEN	N IN PART IIa
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CERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF I		21c. HOW INJURY OCCUR		-	
0.54	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M.		AR			
	(IF EITHER NOTIFY MEDICAL EXAMINER)	21e PLACE OF		21f LOCATION			
Dig.	21d. INJURY OCCURRED	THE LINCE OF	HADOKI				
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MEDIC		(AT HOME STREET	FACTORY, OFFICE, FARM, ETC		CITY O	RIOWN	COUNTY
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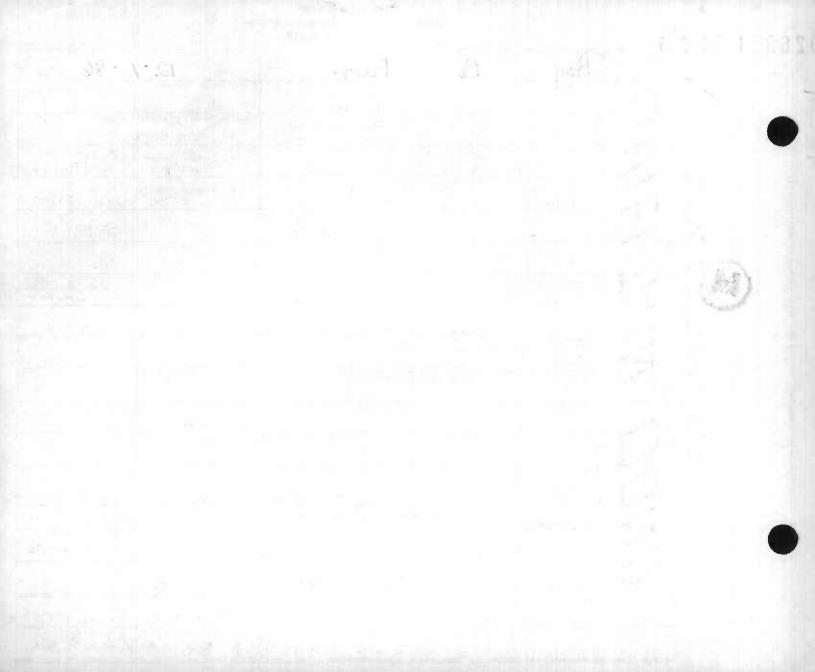
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S& Source of Page	1	RTHPLACE (STATE OR FOR COUNTRY) Vest Virgini	a	USA		MARRIE WIDOW	D NEVER MARRIED D	9 BALTIMORE CITY			
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et 22 ho	130	STATE 13	Washin	gton	13c CITY OR		134 INSIDE CITY LIMITS? YES X NO 1 15. MOTHER'S MAIDEN NA		otomac	St.	21740
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DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR				AL HOM		EC5 1986		Deviden.	



	1 -	FOR STATE REGISTRAR		DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE REG. NO) ",	7 4
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e bo	3. SE)		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF I	UNDER TYEAR	IF UNDER 24 HRS. HOURS MIN.
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eoth. Por n 72 hou	-	RIHPLACE (STATE OR FOREIGN COUNTRY) ennville, W.		S. A.	MARRIE WIDOWE	NEVER MARRIED I	BALTIMORE CITY O		FDEATH	MD.
s ofter de by the fui filed withi	10 CI	TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NUR CHEACILITY, GIVE STI	REET ADDRESS)	Dem. Home	120 USUAL OCCUPATION OF WORK FOR MOST OF HOUSEKEEP	ON F WORKING LIFE)	IZE KIND OI INDUSTRY Own H	Iome
ecuted within 24 hours and completely filled in by uses I tong 2 should be filled in by dicol examine met be	13a S	I RESIDENCE (# NURSING HO TATE ryland	Me or other institution COUNTY Washingtor	113c CITY OR TO	FORE ADMINISION) OWN BOTO	13d. INSIDE CITY LIMITS? YES A NO	3 Young	ZIP CODE	21713	
d within d within d within d	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE		LAST	
W Per de S		Lawrence	G.	Gilar		Bess	sie		Heate	er
n ond c	0	VAS DECEASED EVER IN U.S ES, NO OR UNKNOWN) (IF YI	S. ARMED FORCES? ES, GIVE WAR OR DATES)	220-05		Mrs. Virgin	ia Hartle.	198 Ba	town.	Dr. Md. 21740 wate interval waset and death
DIVISION OF VITAL RECORDS, 201 W. PRESTON S. B. NG PHYSICIAN: The low requires that the death certifies offending physician. If the this certificate has been signed by the attending phy os the buriol-tronsis permit. Then please remove corbanpa th and Mental Hygiene prior to burial, cremotion, or remov orked or Item 18 shows any injury, or other troumatic event	NO	Conditions, if ony, whice gove rise to immediate couse (a), stating the underlying couse las	DUE TO, C	DR AS A CONSE	OUENCE OF	diac ar	AINAL DISEASE OR CONI	DITION GIVEN		
RECOS nos beer nos beer no permit.	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, W	NG CAUSES	OF DEATH?
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BOONSBORO CEMETERY

JAN

N. POTOMAC STREET

HAGERSTOWN, MARYLAND

BOONSBORO WASH.

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BURIAL

GERALD N. MINNICH

24 FUNERAL DIRECTOR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AN CERTIFICATE O

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1893	6. AGE (IN YEARS	LAST BIRTHDAY)	MON	HS DAYS	HOURS MIN.
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FIRST Ada		DDIE		Reel	
Lloyd L	. Gross,	ADATS N. Boonsb	Ma	in St	21713
most			-	APPROXU	MATE INTERVAL

LAST DECEASED NAME TYPE OR PRINT Rhoda Naomi Gross 3. SEX 4 RACE 5 DATE OF BIRTH Female. White TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED X NEV Funkstown, Md. U. S. A. WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER Reeders Memorial Home Boonsboro USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c CITY OR TOWN Maryland Washington Boonsboro YES A 14 FATHER'S NAME 15. MOTH John H. Hoover 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFOR 214-74-6872 Mr. No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: andion / mune IMMEDIATE CAUSE (a Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY III LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased olive on. and that in (my) (our) opinion death occurred on the date and have and from the causes stated abave, (1) (we) (did) (did not be to the 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Burial 12-9-86 Boonsboro Cemetery Boonsboro, Wash. Co., Md.

BP. (VRA 15, 4)

DHMH - 16 60M 7/B4

24 FUNERAL DIRECTOR John Bast, Jr. Boonsboro Md. 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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24 FUNERAL DIRECTOR Minnich Funeral Home 415 E. Wilson Boulevard

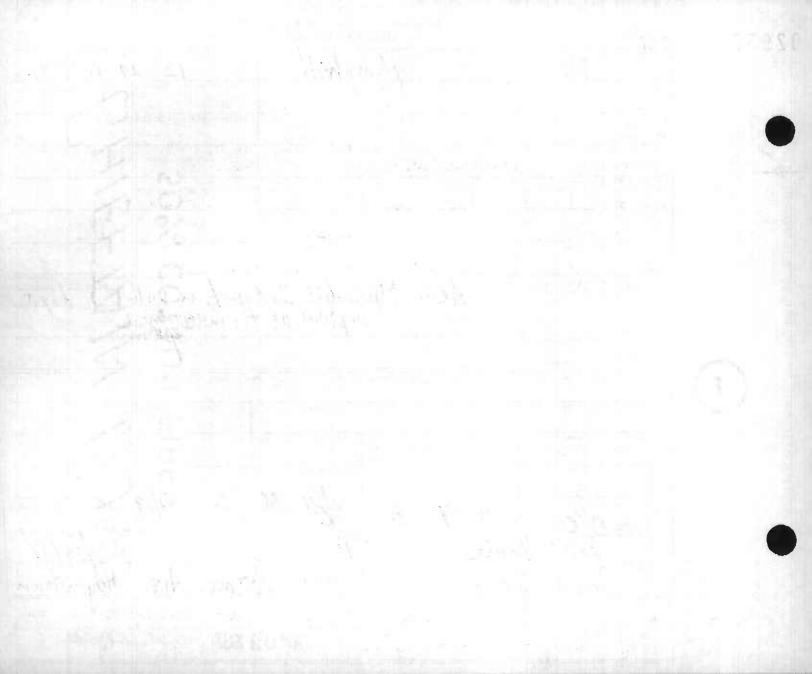
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250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Alia Devidson Randall * La average average average arospania eli A LOS WAS A MANUAL FORE THE STATE OF THE

5-0 1/30/87 179536 IAN -	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE O O O O O O O O O O O O O O O O O O
ctor. page 3	T. DECEASED NAME (IYPE OR PRINT) SEX VIOLA S DATE OF DEATH MONTH DAY YEAR 25 HOUR S DATE OF BRITH OAY YEAR OAGE (IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR IF UNDER 24 HRS. MONTH DAY NONTH DAY MONTH DAY
s ofter deoth. Pag by the funeral directled without? hours	The country of the
maryLand 212	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b COUNTY 13d COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 240 S. Potomac Street 15. MOTHER'S NAME FIRST Charles Shilling 15. MOTHER'S MAIDEN NAME FIRST Emma Swales
201 W. PRESTON ST., BALTIMORE es that the death certificate be executed by the attending physician and color er remove carbon papers. Pages and cremation, or removal.	166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (HYES, GIVE WAR OR DATES) 118. CAUSE OF DEATH LEnter only one cause per line of too, the and of the part LDEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF NV DIVIN Of the intermediate cause (a), stating the unidentying zouw (set), stating the unidentying zouw (set).
DIVISION OF VITAL RECORDS, 2 NG PHYSICIAN The low requires other the certification for the norm of th	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? YES NO YES NO CONTRIBUTING CAUSES OF DEATH? OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF ETHER, NOTHY MEDICAL EXAMINER) 210. NOT WHILE AT WORK 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING P.M. 19 211. LOCATION STREET CITY OR TOWN COUNTY STREET CITY OR TOWN COUNTY STREET CITY OR TOWN COUNTY STREET
TO HOSPITAL OR ATTENDIF retained by the hospital or TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Healt IMPORTANT: If hem 21 is ma	220. I certify that () (this hospital) attended the Beceased from 19 0, to 19 19 0, that () (we) lost sow the deceased five on others. In the body biter death 19 0, and that in my (our) apinion death accurred on the date and hour and from the couses stated 22b. SIGNA 220 DATE SIGNEY 22c DATE SIGNEY 22c DATE SIGNEY 22c DATE SIGNEY 22d. PHYSICIAN DIRECTOR
BP DHMH - 16 60M 7/84 (VRA 15, 4)	Burial Dec. 31,1986 Rose Hill Cem. Hagerstown, Wash Maryland 4 FUNERAL DIRECTOR Minnich Funeral Home 415 E. Wilson Blvd. Hagerstown, Md.

OF .. . DW.



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					INERAL DIRECTOR M	INNIC					-	C'D. BY REGISTRAR 2			
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		, , , ,			ATO DO MATE	JOIL D	TAGE 11	agerst	OWIL, ITO	· 41/40			May Property	-1-00 P. C. CO.	-DATE CON



	1-	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF OCCUPANT OF THE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.) 0		
		D NAME F	IRST		MIDDLE	2a. DATE	OF DEATH	MONTH	DAY	YEAR 2	b. HOUR			
9 88 /			rcia		Dorthea			12-	13-	86	957 M			
3 1 8 1	15E)			Dorthea Hogewall I. RACE S. DATE OF BIRTH MONTH DAY YEAR					6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MRS.					
oct 4		female		white October 21, 191					69	YRS.	1.0141113	0213	IOOKS MIN.	
Podir. Po	7e. BII	COUNTRY) DWA CITY OR TOWN OF DEATH Agerstown		** 6 4			MARRIED NEVER MARRIED WIDOWED DIVORCED		9 BALTIMORE CITY OR COUNTY OF DEATH					
de out	IOV													
1119							OR OTHER INSTITUTION	128 USUAL OCCUPATION 128 KIND OF BUS					BUSINESS OR	
by tilled				Washington County Hospital					School Teacher Public Schoo					
A be is bo	13a S	L RESIDENCE (IF NURSING TATE	HOME OR OTH	ER INSTITUTION	GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e.STRE	ET ADDRESS	/ ZIP COD)E	217	40	
within 24 he	_		lashin	gton	Hagersto	wn	YES X NO	225	Divis	ion A	lvenu	e		
within (2) the contract of the		THER'S NAME	MIDE	DLE	LAST		15. MOTHER'S MAIDEN N	IAME	MIDDLE			LAST		
P 68 1		Thomas			Thomse		Carrie				lanse	n		
n ond c Poges	[7		FYES, GIVE WA	AR OR DATES	213-42-		17 INFORMANT	11	ADDRI				1.00	
rs. Po	7	res		11			Rev. Dr. Wi	Ibur S	. Hoge	VOLL				
icote be execulty sicion and coopers. Pages and the medical		18 CAUSE OF DEATH (Enter only one couse per line for (0), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0). Carcinoma of breast with pleural Eyear:												
ertific g phy bonpo remar													ays.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., OR PHYSICIAN: The law requires flot the certific oftending physician. Wher this certificate has been signed to the plant this certifications to permit. Then plant the burial-stransis permit. Then plant the plant the plant the plant to burial the plant to burial the plant to burial the plant the plant to burial the plant the pl	Z	Conditions, if ony, which gove rise to immediate couse lost. (b) Condwidespread abdominal metastases. DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0												
he law recon. has been reception. The energing in the contract. The contract is the contract in the contract	CERTIFICATION	19a DATE OF OPERATION	N	196 COND	ITION FOR WHICH	OPERATIO	PERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO YES NO						F DEATH?	
SICIAN: The ng physicia certificate in zirol-tronsing tentral Hygner them Tasis		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH		FINJURY M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTE	R NATURE OF INJU	RY IN ITEM 18	PART OR F	ART 2)		
VG PHYS offendir ther this ss the bu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE.	FARM, ETC)	211 LOCATION STREET		CITY OR TO	NWN	COU	YINIY	STATE	
ATTENDIR sphtol or CTOR: A for use of the of n 21 is mo		22a certify that (1) (this hospital) attended the deceased from OCA., 19 78, to 12/13, 19 86, that (1) (we flost sow the deceased alive on Dec. 8, 19 86, and that in (m) (vor) opinion death occurred on the date and hour and from the causes stated obove. (1) (we) (did) (did not) view the body after death.												
TAL OR PAY THE HOR RAL DIRE detached to Deporte Deports In the Research		226. SIGNATURE DEGREE PRESENTAL E - Strmth, M. D. ATTENDING MEDICAL STAFF PHYSICIAN DEGREE 12/13/86												
TO HOSPITAL retained by 11 TO FUNERAL should be det with the Stole		Richard E-Smith, M.D. 1708 Oak Hill Ave. Hegerstown, and 21740.												
	23a B	URIAL, CREMATION, REA		3b. DATE			EMETERY OR CREMATORY		CITY OF TOWN		FOUNT	Y	STATE	
BP		burial					ven Cemetery		gerstow					
DHMH - 16 60M 7/84		NAME			ERAL HOMI			-	Y REGISTRAR					
(VRA 15, 4)	41.	E. Wilson	DIAG.	, nage	istown, N	агута	nd 21/40 DE	C22	1986	Gulia	Dane	don it	andalk	

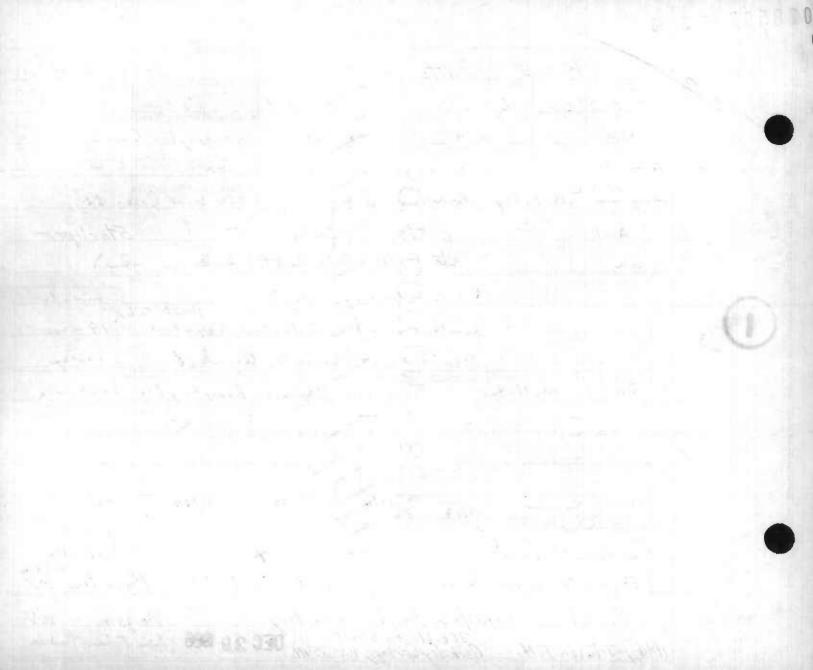


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	e ct		CEASED NAME	elev	Rehence LAST 20. DATE OF DEATH MONTH DAY YEAR 26							6 430 A	м	
	e a	3. S		()		4 RACE		5. DATE OF BIRTH		6 AGE (INY	EARS LAST BIRTHDAY)	IF UNDER TY		
	ecto rrs o	f	male		white			October 31, 1909		77	YI		AYS HOURS MIN.	
ST., BALTIMORE, MARYLAND 21201	Po Political Age	76. E	RTHPLACE (STATE OR FOREIGN		76. CITIZEN OF WHAT COUNTRY?		RY? 8	MARRIED X NEVER MARRIED			RE CITY OR COU		OF DEATH	
	death 7		nnsylvania		USA		WID	WIDOWED DIVORCED		Wa	shington		M	D.
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7	TY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING				STITUTION	12a USUAL	ID OF BUSINESS OF	SINESS OR		
	filed for		agerstown	Washin		igton County		Hospital		house		111003		
	filled in most-be	13a.	STATE 13b. COU			13c. CITY OR 1 Hagers	TOWN		13d. INSIDE CITY LIMITS?		ADDRESS / ZIP C	ODE	21740	Ī
	tely 2 sh	14. F	ATHER'S NAME		WIDDLE	LAST			S MAIDEN NA			ide Det		-
	and		Rev. Jacob	MIDDLE		Carter		Lo	ollie		MIDDLE	Fritz	LAST	
	d co	160.	WAS DECEASED EVER		MED FORCES?	166 SOCIALS	ECURITY	O. 17 INFORM	ANT		ADDRESS	LELF2-		
	Poge	ne		(1) 123, 0112	. WAR OR DATES;	219-68	3-0072	Clyde	M. Hof	fman,	Hagersto	wn, Md.		
	orte la rescio rol. t. the		18 CAUSE OF DEAT	H (Enter onl	y one couse per	line for (a), (b	, and (c).)		1				PROXIMATE INTERVAL EEN ONSET AND DEATH	=
	a phy on po ewon even		18 CAUSE OF DEATH (Enter only one couse per line for (0), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Phemonia and empyema left. Balays											Ξ
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REST	a to to no		Conditions, if ony, which gove rise to immediate											
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5, 20	gned gned buric	_	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
ORD	required si	ě	Diabeles mellitus, Major depression, Primary hyperter									rteusia	4	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	he law an. has be t permit ene prii	CERTIFICATION	19a. DATE OF OPERAT	HON	19b. COND	ITION FOR WH	HICH OPER	ITION WAS PERF	ORMED	280 AUTO		YES, WERE FINERTIFYING CAU	NDINGS USED ISES OF DEATH?	
	physical phy	S. S.	210. ACCIDENT WAS UND		21b. TIME O		DAY V	21c HOW I	NJURY OCCUR	RED (ENTERNA	TURE OF INJURY IN ITEM	A 18 PART I OR PART	2)	_
	SiCIA g pl g pl g pl mal-t	SE	OR CONTRIBUTING		The second second	M. MOITH	DAI II	19						
	JG PHYS offentise ter this is the bu	MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFF	ICE, FARM ETO	211 LOCAT STREE	ION ET		CITY OR TOWN	COUNTY	STATE	
٥	LOT Lor S. Af S. Af		220.1 certify that (1) (this haspital) attended the deceased from											
•	Spiro Spiro CTO I for of H		sow the deceased alive an Dec 19 86 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (ma) (and not) vigor the body after death.											
	the horther the horther the Dept te Dept to Till Hem		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN Dec 3, 1986											
	d by	7	Charles Cencer 1198 Kenly Ave Hogers Town MR.											
	etoined by TO FUNER should be with the St	-	Charles	K	spenc.			119				gersio	warrek	1
		730	BURIAL, CREMATION, REMOVAL 73b. DATE 23c. NAME OF CEMETERY OR CREMATORY Find LOCATION CITYORTOWN COUNTY Hagerstown, Wash Ma								STATE			
	BP		UNERAL DIRECTOR M	TNNTC				nill Cen			rstown,		Maryland	
DH	DHMH - 16 60M 7/B4 (VRA 15, 4)		L5 E. Wilso			ADDRE	55	217/0		EC 8			m. Pandaga	1
	(400 15, 4)	7-	TO MITSO	II DIA	u., nag	ET S COMI	, PIC.	21/40	U	-00	1200 74	was knowing	30. Kerrenger	1

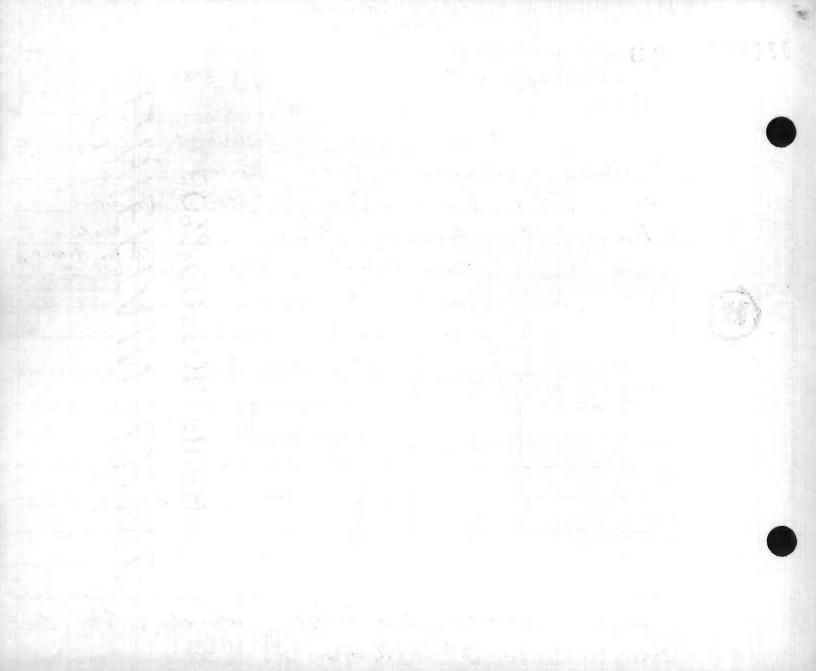


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028567 DEC 31	00	FOR	DEDADT	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC	med 6 3 6	3 9 9
20001 06031	40	FOR STATE REGISTRAR	DEI ART	CERTIFICATE OF DEATH		
	1. DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	20 HOOK
moy be poge 3		Rose	Butts	IMMe/	12-19	9-86 4 45 M
- :- //	3 SE	· /	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR		IF UNDER 1 YEAR IF UNDER 24 HRS
Poge 4	7- P	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY	03 - 15 - 1909	YRS.	OF DE AVIII
9th. P 72 h 2		COUNTRY)	/	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	/
e fundament	10. C	TY OR TOWN OF DEATH		WIDOWED MORCED DIVORCED NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSINESS OR
on softe	15	ayers town	(IF NOT IN SUCH FACILITY, GIVE STREE	3 11 1	(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be fill	13a. S	AL RESIDENCE HE NURSING DIME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE	RE ADMISSION)	13e.STREET ADDRESS / ZIP CODE	09999
AND in 24	744	myland Berk		TALLYES ON NO	306 South G120	186.11
Mary Independent	14. F/	ATHÉR'S NAME	MIDDLE DAST	15. MOTHER'S MAIDEN NA	WIDDLE	LAST
	16a V	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SEC	S LUIU URITY NO. 17 INFORMANT	ADDRESS	Tarliper
BALTIMORE,	t	YES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES) 234201		(Sinter in - to	au)
BALT e b		18 CAUSE OF DEATH (Enter onl	ly one couse per line for (o), (b), o	nd (c.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIAT		Imonery arrest		minu ter
W. PRESTON ST.,			DUE TO, OR AS A CONSEOL	1): / - 0 :/	Neart Faile	4.0
SE SI SI		Conditions, if ony, which gove rise to immediate couse (a), stating the		nyouand ul Interit	ion Confaction	19 de mas
		underlying couse lost.	DUE TO, OR AS A CONSEOL	Cerebourescular	acciden &	14 days
os, 201 signed nen plec o burio	7	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART 110
CORD Sw. requ	CATION	Ulabetes Me		Spected Chronic	1200 AUTOPSY? 1206 IF YES.	WERE FINDINGS USED
L REG	FIC	- OFERATION	THE CONDITION TOR WITHCH	TOPERATION WAS PERFORMED	YES NO YES	ING CAUSES OF DEATH?
DE VITA	CERTIFI	21a. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	
SKIA 19 pt riol-tr	CAL	OR CONTRIBUTING CAUSE OF DEA	IID .	19		
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN. The law requires the attending physician that this certificote has been signed to stime buriol-transit permit. Then plea the and Mental Hygiene prior to buriol, orked or hem. It stows any injury, or a	MEDI	21d INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DING or at After e os t olth o		AT WORK AT WORK	tal ottended the deceased from.	12/4 19.86	12/14	0. 2 /2
TTEN priod TOR: for us of He		sow the deceased alive on above. (1) (we) (did) (did not		94.7	death occurred on the date and hour	9
OR A DIRECTOR		27% SIGNATURE	/ / /	DEGREE		22c DATE SIGNED
		Carlina B. H	quest	MO ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/20/86
HOSPITAL ned by the FUNERAL vid be det the Stote ORTANT:		22d. PHYSICIAN'S NAME (TYPE C	luywood mo	270 ADDRESS	LA SY. Has	21749
00000	23a I	JANNA (3. 14 BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	es con risk.
BP		Burlal	12/21/86 5	invder's Cometon	CITY OR TOWN	county STATE
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	306 robot 1		TEREC'D. BY REGISTRAR 256 REGISTR	AR'S SIGNATURE
(VRA 15, 4)	HE	Isley-Johnson Fil	H, Berkeleys	orings, IN 25411	629 1900 Julia d	Tro-oft Iv- Corrections



				STATE OF MARYLAND		7 6 . 11
	1 -	FOR STATE	DEF	ARTMENT OF HEALTH AND MENTA		20344
700 000		REGISTRAR		CERTIFICATE OF DEATH	REG. N	O.
U 9 ULU	DEC	CEASED NAME FIRST	MIDDIE	LAST	20. DATE OF DEATH	
88 19 19 E		Madde	en Ruth	U.	12-580	5 86 739
1 3	SEX		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24
Sol	1	TEMALE	White	MONTH DAY YE		YRS HOURS
41 17		THPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	JTRY? 8	9 BALTIMORE CITY O	OR COUNTY OF DEATH
2 /		OUNTEY	1 11.50	MARRIED NEVER MARRIE	1111.01	ton County
1271	0 CI	TY OR TOWN OF DEATH		URSING HOME OR OTHER INSTITUTION	N 120 USUAL OCCUPAT	ION 126 KIND OF BUSINESS
4//	H.	igeestown /	(IF NOT IN SUCH FACILITY, GIVE	11 1 11 11	TYPE OF WORK FOR MOST	
1200	JSUA	L'RESIDENCE (IF NURSING HO !! O	DR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	Secretar	1 11 11 11 11 1
3/6		TO TE	1.1	TOWN 134 INSIDE CITY LIN		1 1 1.1 1 2 1
100	_	THER'S NAME	MICHAIN CHAM	bersburg YES NO [inton avenue
P P	0	FIRST	MIDDLE	ST/ / PIRST	MIDDLE	Shaffer
187 1	4 - 34	AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	9 S ADDR	
9 P 2			INE WAR OR DATES)		1 1 182	
		No	172-	24.8834 DONITA	Coekky Ch	ambersburg fr.
9 - 1		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED DV			APPROXIMATE INTERV. BETWEEN ONSET AND DE
			ATE CAUSE (0) CAKDI	AC ARREST		
ohc ohc			DUE TO, OR AS A CON	SEQUENCE OF		
1		Conditions, if ony, which	(B) CORON	ARY ARENTENT	DISIERSP	
er fr		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF		
of c		underlying couse lost	1 CONGE	STIVE HEART F	AILURE	
y, o		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CON	IDITION GIVEN IN PART 110
ot	NO.	CHRONIC RE	MAC FAIZU	RE		
D no vio	CAT	190 DATE OF OPERATION	196. CONDITION FOR V	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
e ue	TE				YES T NOT	IN CERTIFYING CAUSES OF DEATH YES NO NO
Hy9 8 sh	CERTIFICATION	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY (OCCURRED (ENTER NATURE OF INJU	
/		OR CONTRIBUTING CAUSE OF DE				
9 5	A	LIE FITHER NOTIEV MEDIC AL EXAMINA	ER) PAA	10		
Mentol or Hem	DICAL	214. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION		
ond Mentol	MEDICAL	21d. INJURY OCCURRED		211. LOCATION	CITY OR TO	OWN COUNTY STA
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, C	211. LOCATION STREET	CITY OR TO	*
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE ALL WORK 220.1 certify that (1) (this hosp sow the deceased alive o	21e PLACE OF INJURY (AT HOME STREET, FACTORY, C potal) attended the deceased	OFFICE, FARM, ETC.) 211. LOCATION STREET	86,10 12	. 19 8 6 . that (I) (w
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify tho (1) (this hosp sow the deceased olive or above, (1) (we) (did) (did n	21e PLACE OF INJURY (AT HOME STREET, FACTORY, C pitol) oftended the deceosed	OFFICE, FARM, ETC.) 211. LOCATION STREET 100 100 100 100 100 100 100	86,10 12	19 2 that (I) (wo
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nould be detected for use of the virth the Stote Dept. of Health and WPORTANT: If them 21 is marked or		21d. INJURY OCCURRED WHILE NOT WHILE 2 220. I certify thot (1) (this hosp sow the deceased alive on above, (1) (we) (did) (did in 22b SIGNATURE 22d. PHYSICIAN IN NAME ITYPE	21e PLACE OF INJURY (AI HOME STREET, FACTORY, Control) oftended the deceased in 12 - 4 (art) view the body after death.	DEFICE, FARM, ETC.) 211. LOCATION STREET 19 5 6 , ond that in (my) (our) or DEGREE ATTEND PHYSIC 22e ADDRESS	pinion death occurred on the d	, 19 that (1) (we ote and hour and from the causes state 22c DATE SIGNED
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should be detecthed for use os the with the State Dept of Health and IMPORTANT: If them 21 is marked a	30 B	21d. INJURY OCCURRED WHILE NOT WHILE 2 220. I certify thot (1) (this hosp sow the deceased alive on above, (1) (we) (did) (did in 22b SIGNATURE 22d. PHYSICIAN IN NAME ITYPE	21e PLACE OF INJURY (AI HOME STREET, FACTORY, Control) oftended the deceased in 12 - 4 (art) view the body after death.	DEGREE ATTEND PHYSIC 226. NAME OF CEMETERY OR CREMA Union (emetery)	pinion death occurred on the d ING MEDICAL STA IAN DIRECTOR PHYSIC TORY 23d LOCATION STYPRION MICGINEL	that (I) (we ote and hour and from the causes state 22c DATE SIGNED FF CIAN



					STATE OF MARTLAND	4	" I La "	1 1 1
20 IN	-4	FOR STATE			T OF HEALTH AND MENTAL H	YGIENE O	203	0
.U venix	9	REGISTRAR			ERTIFICATE OF DEATH	REG. N	0.	
	Ī	DECEASED NAME	FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
E D		(TYPE OR PRINT)	FFIF	missouri	KELLED		2 28 86	720
0	-	SEX.	4 RACE	5.	DATE OF BIRTH	6 AGE (IN YEARS LAST BIR		
		7 1	1.76	ito	MONTH DAY YEAR	69	MONTHS DAYS	S HOURS MIN.
		BIRTHPLACE (STATE O		ite	71 07 11	BALTIMORE CITY O	PR COUNTY OF DEATH	
1	3	COUNTRY)		1	MARRIED NEVER MARRIED			
-4	9	Maryland City or town of D			DIVORCED [OME OR OTHER INSTITUTION	Washingt		MD. OF BUSINESS OR
4	0	1 CHIOKIOWNOFD		UCH FACILITY, GIVE STREET ADDR		(TYPE OF WORK FOR MOST O		
1	/	Hagersto	un washi		aty Hospital	Homemaker	· Ho	me
- 2	1	JOUAL RESIDENCE (IF NL	RSING HOME OR OTHER INSTITUTION	13C CITY OR TOWN	13d. INSIDE CITY LIMITS	13e.STREET ADDRESS	/ ZIP CODE	
	0	Maryland	Frederick	Smithsburg	YES NO 🖾	12578 Wolf	Esville Rd/2	1783
1	-	4. FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN			157
18	10	John	M	Bear, Sr	Hattie	M.	Eckard	ASI
0.0		68 WAS DECEASED EVE	R IN U.S. ARMED FORCES?			ADDRI	12578 Wolfs	wille Rd
9	2	(YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	578-28-7019	Lawrence F	Keller, Sr.		
. 2	1		TH (Enter only one couse power CAUSED BY:	- 4	Dantelice D.	Refret, Dr.	biliteriaburg.	MIMATE PATERVAL
armit. Then please e prior to burish, or et any injury, or oth	G	PART 2. OTHER SIG	GNIFICANT CONDITIONS (H BUT NOT RELATED THE TE	20g AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE	DINGS USED ES OF DEATH?
a out	1	E CONTRACTOR OF THE CONTRACTOR	AUDICAL COLOR AND ALLAS	OF BUDDY	In. How bulley occ	YES NO	YES 🗌	NO 🗌
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 28. DATE OF DEATH MONTH I. DECEASED NAME 26 HOUR (TYPE OR PRINT) Cott MULTIN Churles 4:30 am 1986 December 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)_ IF UNDER 1 YEAR SEX Sept. 1926 Male White BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? MARRIED & NEVER MARRIED Washington Maryland U.S.A. WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176. KIND OF BUSINESS OR HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS INDUSTRY Hagerstown Washington County Hospital Bank President Bank USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
134. CITY OR TOWN 7 Walnut Street/21773 Myersville 13d INSIDE CITY LIMITS? Maryland Frederick YES X NOF 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Edgar Martin Marjorie Delauter APPRWalnut Street 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-28-6091 Annabelle L. Martin Myersville, MD 21773 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Lourance (con tro Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to **IFICATION** 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 78a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T CERT 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceosed ofive on. obove, (1) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c DATE SIGNED 12-14-86 ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME LTYPE OR PRINT 22e ADDRESS th the 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23d LOCATION Buria Dec.14, 1986 Salem U.M. Cemetery Wolfsville Frederick Maryland

Myersville, MD 21773

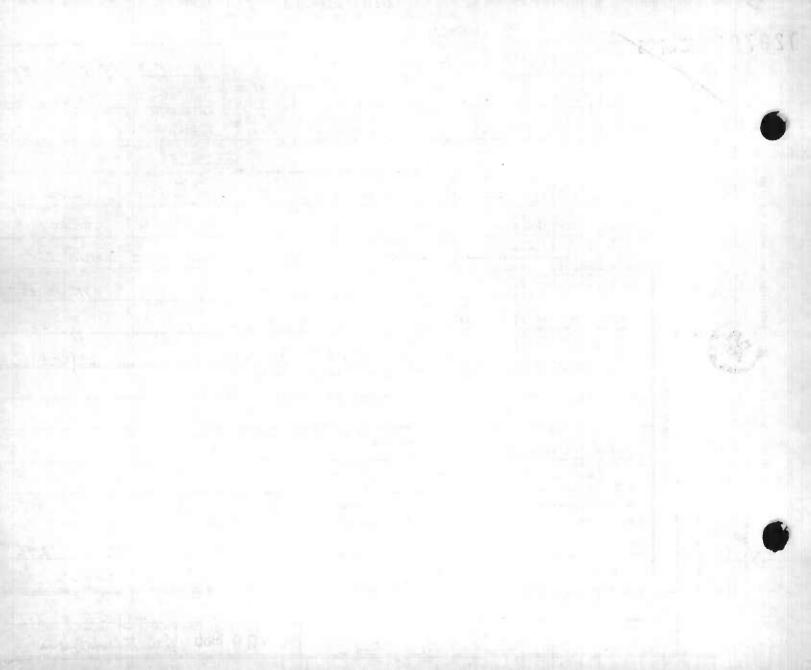
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AL RE loon.	Two brio		OPERATION	19b CON	DITION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	20a AUTOPSY? YES NO NO	20b. IF YES, WER IN CERTIFYING YES	CAUSES (GS USED OF DEATH?
OF VITA	18 s	OR CONTRIBUT	WAS UNDERLYING [ING CAUSE OF DE	EATH HOUR	of injury a.m. month d p.m.	AY YEAR	21c HOW IN.	JURY OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM 18, PART 1 O	R PART 2)	
	ked or h	(IF EITHER, NO.		21e PLACI	E OF INJURY STREET, FACTORY, OFFICE,		211 LOCATIO STREET	N	CITY OR TO	wn co	YTHU	STATE
ENDI Pol or DR. A	21 is mor	220.1 certify saw the		AUG.	he deceased from	AUG.	23 nd that in (my)	, 19. 72 X r) opinian d	, to DEC • 2	, 19		hot (I) XXe) lost auses stated
o he he	in the man	22b. SIGNAT		in the bad	y after death.		DEGREE A	TIENDING	MEDICAL STA	AFF IN	EC. 2	1GNED 24,1986
TO HOSPITAL TO FUNERAL Should be deter	MPORTANT		AN'S NAME (TYPE		111, M.D.		22e ADDRESS	217 W	EST WASHING	TON STRE	ET	
of refoi	IMP I	230 BURIAL CREM				NAME OF C	EMETERY OR C		23d LOCATION	LAND 217	40	
BP		Burial	NEMOVA		29, 1986				k Hagerst	own Wash	Mar	vland
DHMH - 16 50M 1		24 FUNERAL DIREC	TOR Minni	ch Fune	ral Home					Bb. REGISTRAR'S		
(VR A 15 (4))		115	415 E	. Wilso	n Blvd.				LO GO	0		

DECEMBER 201 AST. MIHAA THERE TALKS STABLE SATISFACTORAGE STABLES Don't see . 291. TALET METONINA TILL SERVE A. SITTS, SEL, S. . . ANTENNAME, VARIABLE STARS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE O - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTR II REG. NO 20 DATE KNOWN DAY MONTH ESTI-DEATH MATED 4. RACE & AGE (IN YEARS | IF UNDER 1 YR IE UNDER 24 HRS DATE DAY LAST BIRTHDAY PRONOUNCED Sept. 20, 1908 White 78 Female DEAD 20 198 YRS TO BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA WASHINGTON Maryland DIVORCED IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING (IFE)
Housewife Home Rt.1 Box# 42A Hagerstown AL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) II. STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Rt. 1 Box# 13b. COUNTY 21740 Washington Hagerstown NO X Maryland 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Drenner Christopher Ruby Myrtle Columbus Hanes 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Rt.1 Box# 63 Hagerstown, MD 21740 214-09-3796 Groveina Robinson CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Memerita IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gave rise to immediate cause (a) stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO [210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 214 PLACE OF INJURY (ATHOME. 211. LOCATION STREET, FACTORY, FARM, FTC) STREET CITY OF TOWN STATE COUNTY WHILE NOT WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy PAGE 4 SHOULD BE TO TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALLIMORE, MARYLAN death resulted from: Natural causes Accident Suicide Homicide TITLE (SPECIFY) ACTUAL EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION Dec. 23, 1986 Mt. View Cemetery Sharpsburg Washington Maryland Burial 07/84 DEC 2 9 1986 Julia Deriden Per 25AA 24 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) Major M.Osborne Williamsport, MD 21795



291	6 4 JAN -	518	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 5 5 5 1 0 CERTIFICATE OF DEATH REG. NO.										
e a	ge 3 eoth		CEASED NAME E OR PRINT!	Nell	10	Dice		ILLER	20. DATE OF DEATH	12-2	7-86	26 HOUR 9:45A			
ge 4 may	and the state of	#SE	female	M	4 RACE white		S. DATE O	DAY YEAR	6, AGE (IN YEARS LAST BIR)		ONIHS DAYS	IF UNDER 24 HRS HOURS MIN.			
deoth. Po	uneral III	1	IRTHPLACE (STATE OR F COUNTRY) aryland	FOREIGN	16. CITIZEN OF	what country? A_{ullet}	B. MARRIE WIDOWI	D NEVER MARRIED	BALTIMORE CITY O	RCOUNTY hingto		MD.			
rs offer o	by the fulled with		agerstown	ATH	(IF NOT IN SUC	HOSPITAL, NURSIN CHEACILITY, GIVE STREET, DOD Luthes	ADDRESS)	illage	(TYPE OF WORK FOR MOST O housewife	F WORKING LIFE		F BUSINESS OR			
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makitu ed withir	ond 2 sh	14 F	ATHER'S NAME FIRST William		MIDDLE H •	Taylor		15. MOTHER'S MAIDEN NA FIRST Francis	ME MIDDLE		Amai				
IMOKE,	Poges I		WAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? /E WAR OR DATES)	213-74-1		Mr. Durwerd	ADDRE		e, PA.				
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s that th	pleose rei		cause (a), statin underlying cause	last.	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	INIAI DISEASE OR CONI	ONTION GIVE	N IN DART 1				
w require	been sign mit. Then prior to bi	ATION	190 DATE OF OPERA	D	unen	lia		N WAS PERFORMED	20a AUTOPSY?	206. IF YES,	WERE FINDIN	NGS USED			
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d ONIO	or offer these os the ealth and morked	×	while NOT WHAT WORK AT WORK 220.1 certify that (1)	RK		reet, FACTORY, OFFICE, F	ARM ETC)	3 1983		·a	d	that (I) (we) last			

22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 236. DATE 231 NAME OF CEMETERY OR CREMATORY (SPECIFY) Hagerstown, Wash., Maryland Dec.30,1986 Rest Haven Cemetery burial

22a. I certify that (I) (this hospital) attended the deseosed from haw the deceased alive on the bady ofter death.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

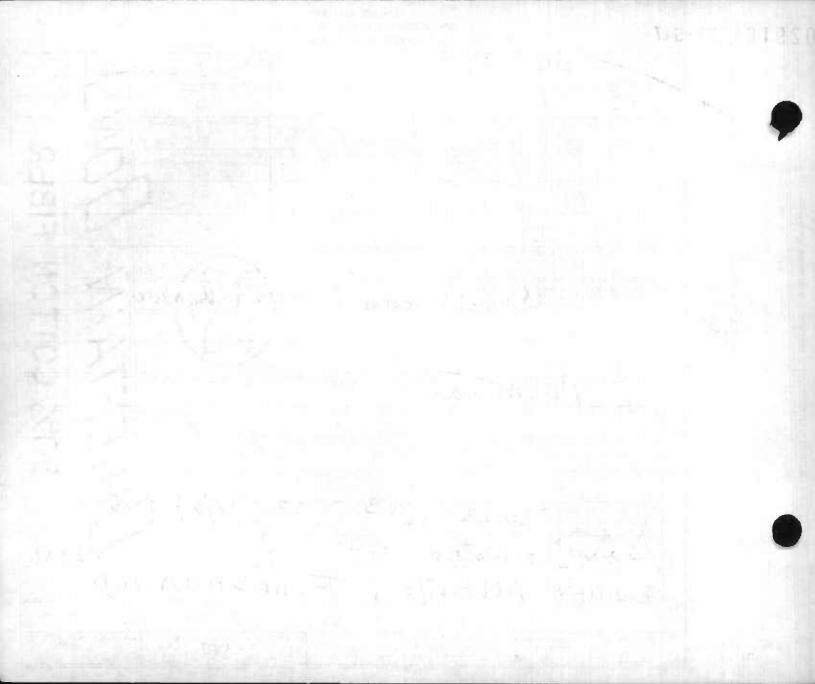
415 East Wilson Blvd., Hagerstown, Maryland 21740 250 DATE REC'D. BY REGISTRAR 270 REGISTRARIS SIGNATURE

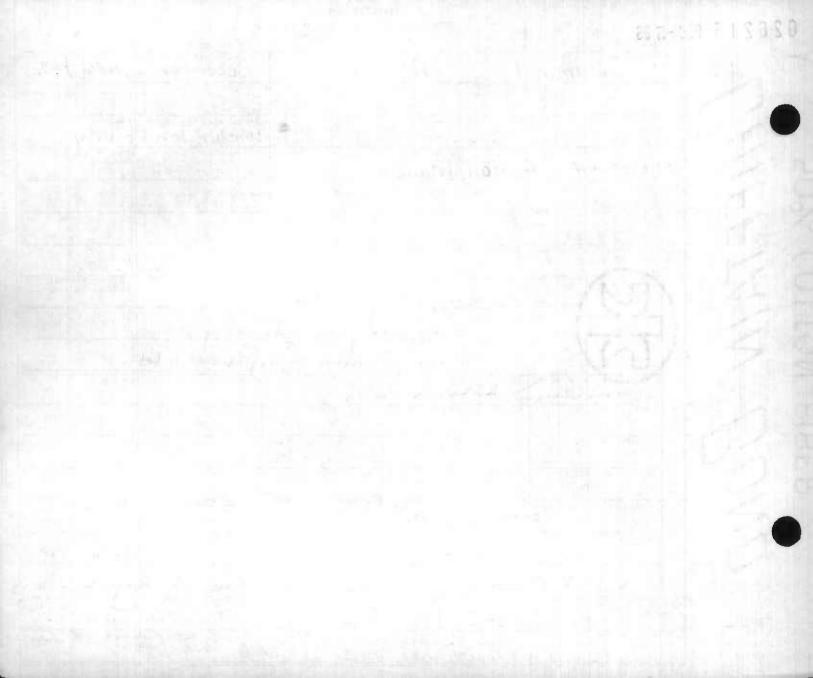
ATTENDING PHYSICIAN

22t. DATE SIGNED

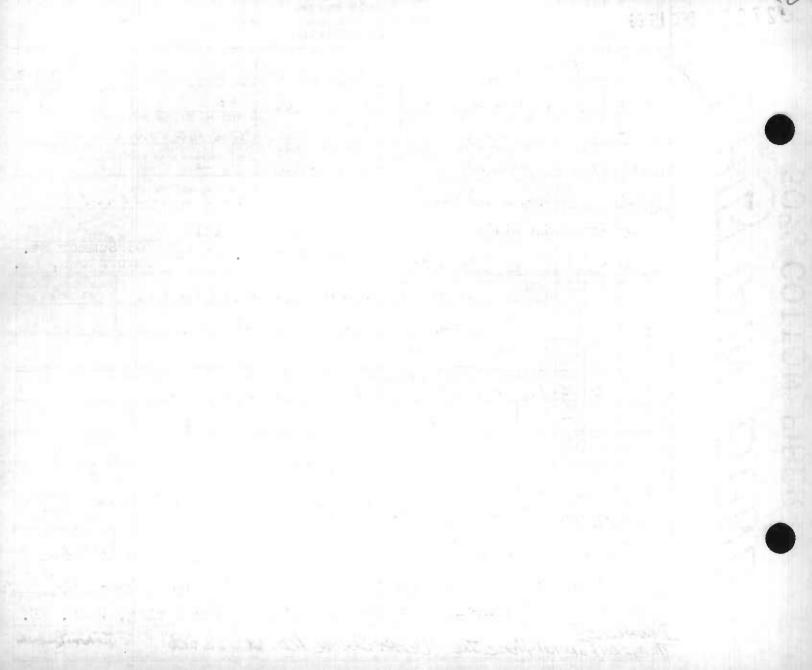
and that in (my) (aur) opinion deoth occurred on the date and haur and fram the causes stated

MEDICAL STAFF
DIRECTOR PHYSICIAN





©27068 DEC	45	FOR STATE REGISTRAR			DEPART	MENT OF H	CATE OF I	MENTAL HYG	IENEO	O REG.	3	5	9.0	4.4
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6 60	3. SE		711	4. RACE	~ .	S. DATE O	F BIRTH		6 AGE (II	N YEARS LAST		IF UNDER	RIYEAR	IF UNDER 24 HRS
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eco rmit.	CAT	190. DATE OF OPERA	TION	196 CONE	ITION FOR WHICH	OPERATIO	WAS PERFO	DRMED		TOPSY?	20b IF 1	YES, WERE	FINDIN	OF DEATH?
ALR The I son.	CERTIFICATION		_			*eas			YES [NO		YES 🗌		NO 🗌
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HOSPITAL Inned by the FUNERAL Uld be det othe State		224 PHYSICIAN'S N	AME ITYPE C	PRINT)	Ma		22e ADDRES	PHYSICIAN E	DIRECTO	OR PHYS	SICIAN []	- 1	2/6	186
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of of M		BURIAL, CREMATION,	REMOVAL				METERY OR	CREMATORY	123d 1O	CATION		E OUN!	(¥ -	STATE
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STATE OF MARYLAND

DHMH - 16 60M 7/B4

24 FUNERAL DIRECTOR MINNICH (VRA 15, 4)

(SPECIFY)

230 BURIAL, CREMATION, REMOVAL

BURIAL

305 N. ABOTOMAC ST. HAGERSTOWN, MARYLAND

110124 DAL

DEC-31-86

22e ADDRESS

236 NAME OF CEMETERY OF CREMATORY
REST HAVEN CEMETERY HAGERSTOWN 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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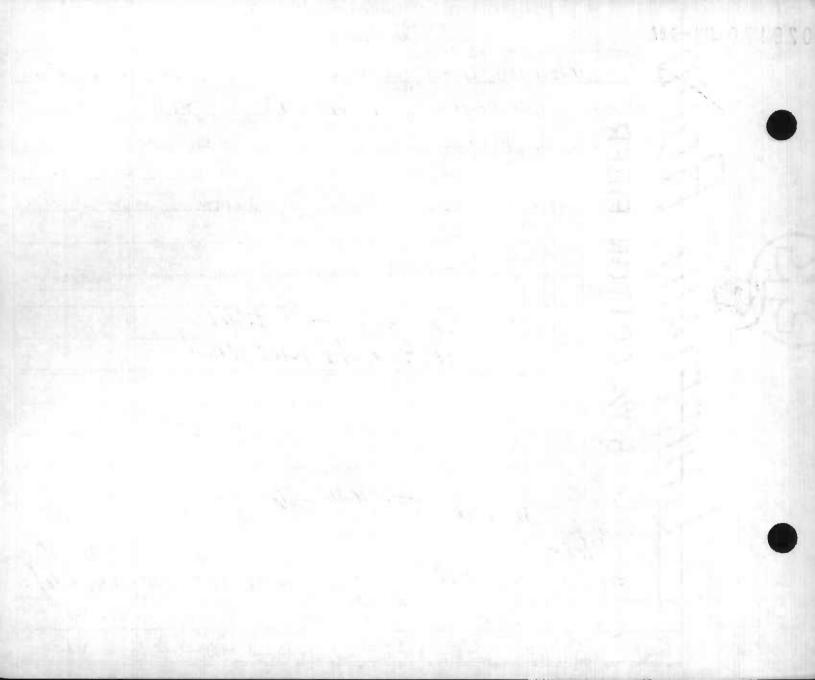
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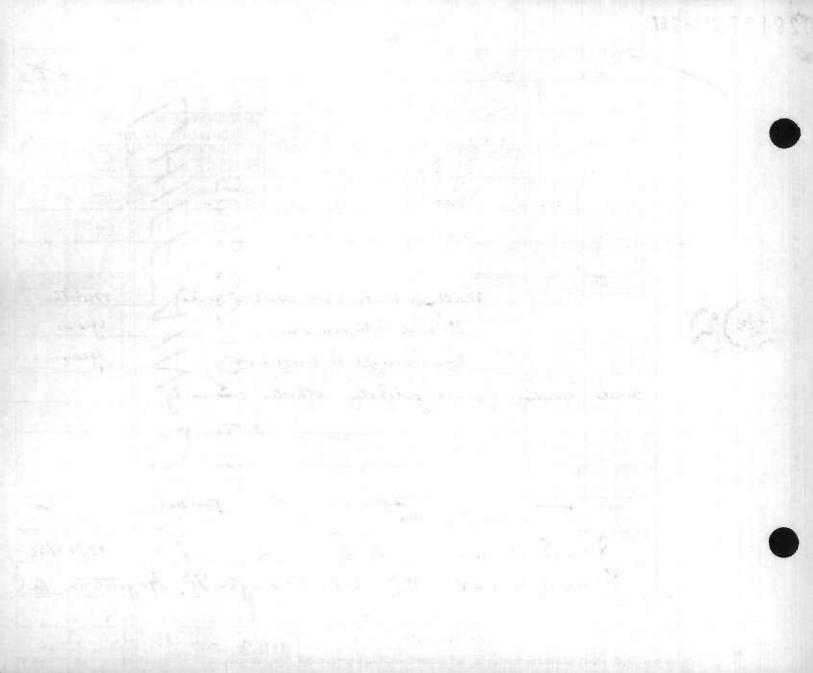
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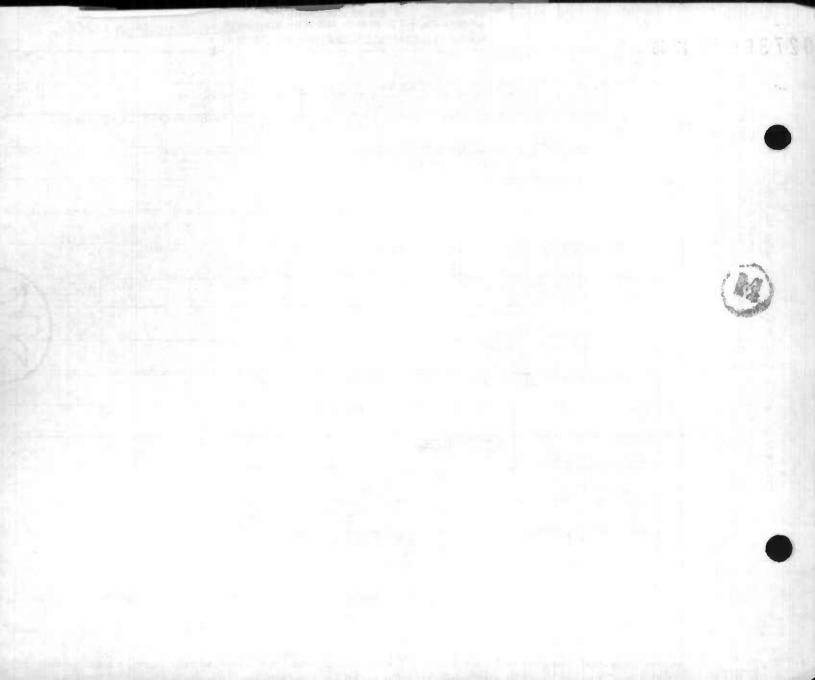
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17	10.0	HOME STOWN OF DEATH		NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV	HURSING HOME ESTREET ADDRESS!		12a USUAL OCCL		HEE INDUSTR	OF BUSINESS O
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	(John WAS DECEASED EVER IN	U.S. ARME	Gos: D FORCES? 16b SOCIA	Sard L SECURITY NO.	Mary FIRST		DDRESS	< 10 m	ssler
equies, that the death certification signed by the attending of Them please remove content for burial, creatation or respectively, or other traumptic exists.	NON	Conditions, if any, we gave rise to immedicause (a), stating underlying cause	hich iate the	DUE TO, OR AS A CON	SEQUENCE OF	00	mlosi MINAL DISEASE OR (CONDITION G	IVEN IN PART	lia
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t ATTENDO hospital or BECTOR A ad for use pt of Heali em 21 u me		saw the deceased o	alive an	attended the deceased yeurself and attended the deceased view the bady after death.	/	nd that in (my) (aur) apinian		he date and ho	our and fram th	, that (I) (we) las he causes stated TE SIGNED
O HOSPITAL OR PROVIDED BY NEW TO PENERAL DR POULD be detach on the Scare Draw APORTANT. If he property or the Scare Draw APORTANT. If he property or the Scare Draw APORTANT. If he provided By the By th		Cours	T.	S of 1100	~	ATTENDING	DIRECTOR PH	STAFF HYSICIAN A	12/	13/8E
BP	ı	BURIAL CREMATION, REA DUTIAL			Rest Ha	CEMETERY OR CREMATORY Ven Cemetery		town, W		Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR	MINNI n Blv	CH FUNERAL I	HOME Own, Md.	21740	CE SO BY RECHE	RAR 256 REGIS	FRAR'S SIGN	AT URE

They had petting to a High me to - My hard they within a " William All Hip Lat 20,200 Tooks The Town nedge to seem personal come thinker 11/1/11 Grandle of Ending was End St. Magnetin Al

167 JAN-	518	FOR STATE HEGISTRAR		DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL RTIFICATE OF DEATH	HYGIENE O O	3 6	1 3
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EAL OR 1 NAL DISE described ture Dept		226. SIGNATO	a. Moran			G MEDICAL STAFF		2/21/80
O HOSPITA Inched by TO FUNER Hould be d		22d. PHYSIGHT NAME (A. MORA	N M.D	215 W Wa	shington St.	Hogente	mn, M
BP	230	BURIAL, CREMATION, REMO ISPECIFY BURIAL	12-23-8		OF CEMETERY OR CREMATO	LL CITY OF TOWN	VN WASH.	MD. STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR NAME SEDALD N MINI	305	AUDRESS.	01.	AN 2 1987	REGISTRAR'S SIGN	Pandale



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S rp by	3 /	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY2 8	D NEVER MARRIED	9. BALTIMORE CITY O		DEATH	
eoth nero	5	C	rawford Co. Pa.	USA	WIDOW		Washingto	n		AAD
by the fu	0		Hagerstown	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GY HOMEWOOD RE	NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATE		b. KIND OI IDUSTRY	F BUSINESS OR
within 24 hour		13a M	ATHER'S NAME FIRST	sington Hage		13d. INSIDE CITY LIMITS? YES NO TO THE PRINT FIRST	MIDDLE	g Pike,	LAST	
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	0		Pond J. Worden was deceased ever in u.s. al	PMED FORCES? LAN SOCIA	AL SECURITY NO.	Alice I	oretta	Blystor	ie	
exe ond	edic		YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)			1829	Cromwood	Road	d
rs. P	e /	-	18 CAUSE OF DEATH (Enter of PART I. DE ATH WAS CAUSE		09-6649	R. Dale Mers	in on	more, Mc	- 01	MATE INTERVAL
oquires that the a ligned then please it	njury, or other tra	NO	Conditions, if any, which gove rise to immediate cause a , stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A COM		NOT RELATED TO THE TERM		DITION GIVEN IN	PART Ito	
Son bear	9	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE		
40 400	91	E	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		131. HOW INTRIBUTY OCCUPA	YES NO	YES [NO [
A PAN	0		OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR	21c. HOW INJURY OCCUR	KEU LENTER NATURE OF INJUI	Y IN ITEM 18 PART 1 C	ORPART 2)	
X p a see	1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	19					
E = 127	0 10	MEC	WHILE NOT WHILE	(AT HOME STREET FACTORY.	OFFICE, FARM ETC)	211 LOCATION STREET	CITY OF TO	WN C	OUNTY	STATE
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o HOSP ratified 1 TO FUNE thould be	1		Stephen	E. Metare			well Rd. 4	lagers!	rown	, MD 21
P 5 00-7 3/10			SURIAL, CREMATION, REMOVAL SPECIFY)			EMETERY OR CREMATORY	23d LOCATION	cou	NIY	STATE
BP		-	Cremation	Dec. 30, 19	86 Smit	hburg Cremato			sh.	Maryla
DHMH - 16 60M 7	7/B4	24 FI	NERAL DIRECTOR Minni	ch Funeral Ho	ome DORESS	25n DA	TE REC'D. BY REGISTRAR	The same of the sa		
(VRA 15, 4)			415 F	ast Wilson RI	vd Hao	Md JAN	12 2761 46	a Devidon	Mande	100

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noy be	0	DECEASED NAME	FIRST	RACE	MIDDLE .	PAU S. DATE C	Lings DE RIPTH.		DATE OF DEATH	2-25	7-86 IF UNDER ! YEAR	26 HOUR 39PM
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ooth. Po	5	PENNSYLVANI		CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	NEVER MARRI	SIED -	WASHING?	_		
s offer do	7	CITY OR TOWN OF DE	ATH 1	UF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET NGTON COU	ADDRESS)	OR OTHER INSTITUTIONS PITAL.	ION 120	USUAL OCCUPA VPE OF WORK FOR MOS HOMEMAK	TION TOF WORKING LIFE	12b. KIND OF	MD. BUSINESS OR
AND 212	5	JSUAL RESIDENCE LIF NUI 30. STATE MARYLAND	136 COUNT		GIVE RESIDENCE BEFORE	/N	13d. INSIDE CITY LIV YES [X] NO		STREET ADDRESS	ZIP CODE	Road	1746
MARYL	JANE		ALBER		LEPLEY		15 MOTHER'S MAIL EMMA	IDEN NAME	CATHER		DELBR	ООК
TIMORE		WAS DECEASED EVE (YES NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	219-14-		GLENN R.	. RAWL		ress 1E AS 1	3	
NST., BAL		18 CAUSE OF DEA PART I. DEATH V	TH (Enter only WAS CAUSED IMMEDIATE		line for (0), (b), on	dicu	metastas	Tu c	angen	· ·	BETWEEN OF	NATE INTERVAL NSET AND DEATH
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RDS, 2C equires equires Then plum r to burninjury, o		PART 2 OTHER SIG	NIFICANT CO	NDITIONS <u>CC</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO TH	HE TERMINA	L DISEASE OR CO	ndition give	EN IN PART 110	
AL RECO	2	190 DATE OF OPERA	ATION	19b CONDI	ITION FOR WHICH	OPERATIO	WAS PERFORMED		YES NO D	20b. IF YES, IN CERTIFY YES	, WERE FINDING YING CAUSES O	GS USED OF DEATH?
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require of the control of the co	-	OR CONTRIBUTION	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	AY YEAR	21c HOW INJURY	OCCURRED		JURY IN ITEM 18 PA	ART 1 OR PART 2)	
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ATTENDIN spirol or CTOR: Af I for use of Health		220 I certify that (I saw the decea above, (I) wei				20	d that in (my) (ever)	8 C opinian deat	to <u>Der</u> h occurred on the			not (we) lost
TAL OR y y the ho RAL DIRE detoched fore Depti		276. SIGNATURE	chai	1 8	· Amet		DEGREE ATTENI	IDING MICIAN DI	NEDICAL ST RECTOR PHYS	AFF ICIAN []	12/-	15NED
TO HOSPITAL efoined by the TO FUNERAL should be detained to with the Store		Richar	d.E.	-	L, M. E) -	1.708 D	ak It	ill Ave	Hage	stown,	LAC
F 5 F 6 7 3	BUF		, REMOVAL	23b. DATE 12-30-			AWN MEM. F		AGERSTON	N WASI	H. MD.	STATE
DHMH - 16 60M 7/8 (VRA 15, 4)	4	GERALD N.	MINNIC	H HAGER	I. POTOMA	c St.		JAN	2 1987	1 6 . 4 . 4	Conden . P	



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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JAN		FOR STATE DEGISTRAR					IEALTH AND MENTAL HYG	REG. N		0 0	1 1
3	1 DE	ORPRINT)	FIRS1		MIDDLE		AST			AY YEAR	26 HOUR
-	4.77		hn	Samu	el H	ledmar	*	December 2	_		1:13 A
	1.5E	Male		4 RACE White		5. DATE O	il 26, 1933	6. AGE (IN YEARS LAST BIR	YRS	ONTHS DAYS	IF UNDER 24 HRS
	7a BI	RTHPLACE (STATE OR COUNTRY)	Md.	76. CITIZEN OF	A.	8 MARRIE WIDOWI	D NEVER MARRIED DIVORCED	Washing to		OF DEATH	MC
V		TY OR TOWN OF DE.	ATH	11. NAME OF I	HOSPITAL, NURSING PACELITY, GIVE STREET 147	G HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE OF WORK FOR MOST C	ON		F BUSINESS OR
B.C.	13a S	AL RESIDENCE (IF NUR. TATE aryland	136 COUN Wash	other institution.	GIVE RESIDENCE BEFORE 13c CITY OR TOW KNOXVIL		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	2175	68
	14. FA	THER'S NAME FIRST Johnny		WIDDLE	Redman		15. MOTHER'S MAIDEN NAV	MIDDLE		Nok	ces
		VAS DECEASED EVER (ES. NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	217-32-5		Mrs. Earlene	Redman, Kr	SS 2 Bo	e Md	21758
-	CERTIFICATION	gove rise to im- couse (o), statu underlying cause PART 2 OTHER SIG	lost NIFICANT C	(c)		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES,	WERE FINDING CAUSES	NGS USED
		210. ACCIDENT WAS UN	-	21b. TIME O HOUR A.	FINJURY M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR	YES NO	YES		ио 🗍
	MEDICAL	21d INJURY OCCUR WHILE NOT WE AT WORK AT WORK	RED	21e PLACE		ARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22d certify that (1) saw the deceas above (1) (we) (1) 22b. S		// //	^		nd that in (my) (aur) apinian of			and from the	
		22d. PHYSICIAN'S N.	AME (TYPE O	PRPRINT) MANAGO	, M.a		ATTENDING PHYSICIAN K	MEDICAL STAL DIRECTOR PHYSIC		12/. . nd.	21701
	(urial, cremation, Specify Burial	REMOVAL	236 DATE 12-3			emetery or crematory ville Hgts. Ce				
84		hn H. Bast	, Jr.	Boon	sborô, Mo	. 21	713 Z50. DATE	REC'D. BY REGISTRAR	25) REGISTR	AR'S SIGNAL	gre and all

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		STATE OF MARYLAND	
26	100 DEC -5	BG- STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENED CEPTIFICATE OF DEATH	
1 2 0	100 000	REGISTBAR CERTIFICATE OF DEATH	
		1 DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR	_
	P P	Lillian Susan Reeder 12 2 86 2:20A	AA
	a B	1 SEX 4 RACE 5. DATE OF BIRTH 6. AGE IN YEARS LAST BIRTHDAY) IF UNDER 14 ENDER 24 HR	S
	4	F W MONTH DAY YEAR 83 WONTHS DAYS HOURS MIN	4.
	Pog dire	76 BIRTHPLACE ISLATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8.	
	# 22 4	COUNTRY) 16 O Marria and A MARRIED NEVER MARRIED	
	8 5 5	WIDOWED DINORCED WAS A THE TOP CAY	AD.
	offe die	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) . (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	K
201	urs of file	Hagerstown Washing ton County Hospital Housewife Own Home	
021	de de de	130 STATE 136 COUNTY 131. CITY OR TOWN 130 INSIDE CITY LIMITS? 138 STREET ADDRESS / ZIP CODE	
Z	2 = 3	Md Washington Bornsboro YES NOW Rty Box 67 21713	
RY.	1 10 1	14 FATHER'S NAME FIRST MIDDLE LAST FIRST, MIDDLE LAST	
MA	3 11 0	Oliver Milton Wise Oresta Mae Haupt	
ORE,	9	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT FACTOR BOX 67	3/
W		No 200-54-4083 Charlotte Leggett, Boonsboro, Md. 21713	
ALT	the the	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	=
1,8	phy npo mov	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Card 10 - pulmonary arrest immediate	
N N	dring or re rtic e		
STO	then then then then umo	Canditions, if any, which (16) Recent Mysecular Infarction + Edema 23 days	
gx m	he d mot	gove rise to immediate	_
3	by the	underlying cause lost. DUE TO, OR AS A CONSEQUÊNCE OF years DUE TO, OR AS A CONSEQUÊNCE OF YEARS Years	
201	pleod ro	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/g	_
DS	signi hen p to bu		
Ö	nit. T	Severe left ventricular dysfunction: Renal farlure: Diabetts Mellitus; fulmonary Eden 190. Date Of OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 280. AUTOPSY? 280. AUTOPSY? 280. AUTOPSY? 280. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY	ia
2	n. n	IN CERTIFYING CAUSES OF DEATH?	
¥	N: Th	YES NO TO THE OF INJURY 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	_
7	25 7	ON CONTRIBUTION OF CAUCAGE DE TANA. HOUR A.M. MONTH DAY YEAR	
N N	HYSICIA Iding pl is certif burial-t Mental	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE	_
DIVISION OF		WHILE NOT WHILE AL WORK A LONG HALL OF INSTREET, FACTORY, OFFICE, FARM, ETC.)	
No.	ING PI		
	DR: USe Hear	220.1 certify that (1) (this hospital) attended the deceased from TU, 19.85, to 12-2, 19.86, that (1) we) lose with deceased alive and 12-1, 19.86, and that increased deceased alive and how and from the course deceased.	st
	ATTI aspirt ECTC d for t of m 21	above (1) we) (did) (fild not) lew the body after death.	-
	OR DIRE	226 SIGNATURE DEGREE 221 DATE SIGNED	
	TAL RAL det det rote	WSHOOD MD ATTENDING MEDICAL STAFF 12-2-86	>
	OSPI ed bed d be d be RTAI	22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS	
	TO HOSPITAL TO FUNERAL I should be deto with the State I IMPORTANT: II	W.S. Hood 138 F. Antictam St., Hagerstown, Mc.	
	T P S S	230. BURIAL, CREMATION, REMOVAL 236 DATE 23C. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	=
	BP	Secret Burial 12-4-86 Locust Grove Cemetery Locust Grove Washington Md.	
	DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR'S SIGNATURE	
	(VRA 15, 4)	John H. Bast Jr. Boonsboro, Maryland 21713 DEC 4 1986 Julia Diriden Pardes	

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 26. HOUR LAST 20 DATE OF DEATH MONTH YEAR DECEASED NAME TYPE OR PRINTS Josephine V. Reedy page .. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX MONTH YEAR DAYS 1912 White Female June TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED rginia U.S.A. WIDOWED Washington Co 176. KIND OF BUSINESS OF 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH (FNOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Washington County Hospital (Type of work for most of working LIFE) House duties INDUSTRY Hagerstown Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 130. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 400 Northwood Drive Martinsburg Rerkelev 15. MOTHER'S MAIDEN NAME M FATHER'S NAME MIDDLE LAST MIDDLE FIRST FIRST Fields Wolfe Vira Elizabeth John Edgar 16b. SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) HEYES GIVE WAR OR DATES) 232-01-8902 Martinsburg, W.Va. Cecil Lee Reedy No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CARDIAC DUE TO, OR AS A CONSEQUENCE OF ORONARY ARTERY DISEASE Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 HRONIC 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? FRUILION OF AV FISTULA 11-20-86 NOD 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) ottended the deceased from saw the deceased alive on _______abave, (I) (we) (did) (did nat) view the bady after death. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED 226. SIGNATURE. ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) WASHING TON COUNTY HOSMITH MPORT, shaw. 0 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE (SPECIFY) Burial Rosedale Cemetery ry Martinsburg Berkeley

1256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Grung Davidson hande 22 Brown Funeral Home-Martinsburg, W. Va. (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 17- STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 20 DATE OF DEATH MONTH I. DECEASED NAME 2b. HOUR (TYPE OR PRINT) 23. 1986 David Rebinsen Dec. 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX IF UNDER 24 HRS YEAR Jan. 5. 1921 Black Male M. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH TH CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Pennsylvania Washington County DIVORCED [WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY ROOFING (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE Hagerstewn Washington County Hospital Labor Applicator MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 13h COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 231 Wayne Ave. Franklin Waynesbere Penna. YES D NO. EATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Myrtle David Rebinsen Brookens ADDRESS MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 231 Wayne Ave. (IF YES, GIVE WAR OR DATES) 219-05-0562 Mrs. Vivian M. Rebinsen Waynesbore, Pa No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) C' ARDIAC DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. DUE TO, OR AS A CONSEQUENCE OF last Pailer Conditions, if ony, which gove rise to immediate DUE TO GRAS A CONSEQUENCE Sylve free pelmo vay chillere couse (o), stoting the underlying couse lost. ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO Meun giona FICATION 9n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ild be deto the Stote I 224 PHYSICIAN'S NAME ITYPE OR PRINTE 22e ADDRESS WASHING TON COUNTY HOSPITAL 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE 23d LOCATION 12/29/1986 Cedar Lawn Mem. Gardens BP Hagerstown Washington Md. 50 S. Broad St 250, DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTO HMH 16 60M 7/84 Waynesbere, PA

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH 2b HOUR 6:15 28. JANET 1986 DEC. LUCILLE SELBY 4 RACE S DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH White Female 1916 Feb. 70 TO BIRTHPLACE STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WASHINGTON Marvland U.S.A. O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n LISUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Washington County Hospital Florist Hagerstown Designer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 13b COUNTY 13c, CITY OR TOWN 21740 13e STREET ADDRESS 125 Graystone Drive Washington Hagerstown Etta Belle Ellsworth James Borens 16b SOCIAL SECURITY NO 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 125 Graystone Drive (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 220-34-2495 Earl F.Selby No Hagerstown, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIAC ARREST 30 MINUTES IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLEROTIC HEART DISEASE 10-15 YEARS Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO [71a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE AT WORK DEC. 10 00 saw the deceased alive an above, (I) (M) (did) MXXX view the bady after death. 86 and that in (my) (my) apinian death accurred an the date and haur and from the causes stated 226. SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING DEC. 29.1986 PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 12e ADDRESS WEST WASHINGTON STREET EDWARD W. DITTO, III, M.D. HAGERSTOWN, MARYLAND 21740 230. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Hagerstown, Washington 12-31-86 Rose Hill Cemeter D. By REGISTRAR 256. REGISTRAR'S SIGNATURE Burial 24. FUNERAL DIRECTOR Hagerstown Md. DHMH - 16 50M 1/76 (VR A 15 (4)) A.K. Coffman Funeral Home, Inc. Aulia Divideon Paridal

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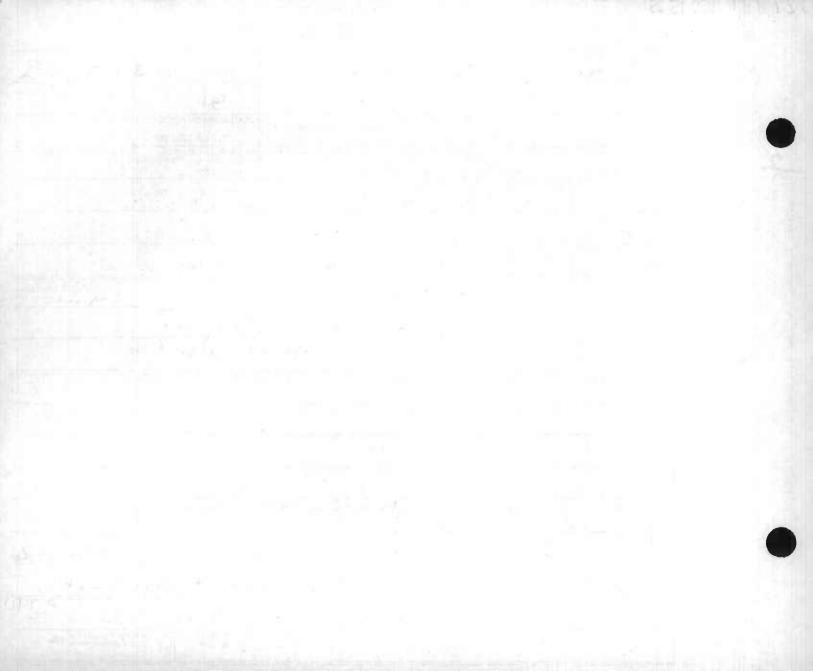
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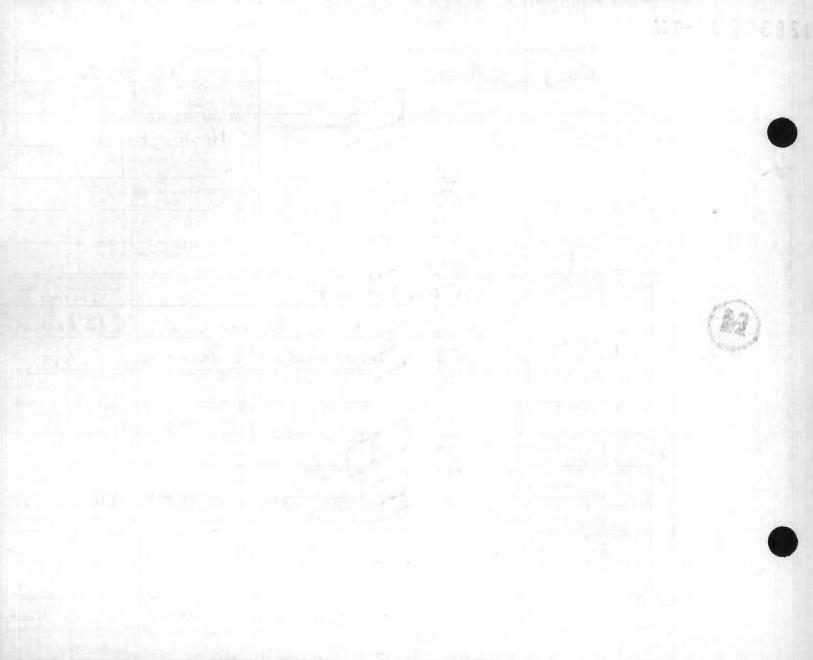
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R ATTEN haspital RECTOR	12 E		saw the deceased a above, (I) (we) (did)	(did not) view th	ne body	ofter deoth.		nd that in (my) (our) opinion	death occ	urred on the date and				ated
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH 26. HOUR

tery Hagerstown, Wash., Maryland
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
DEC 1 7 1986 Julia Dovidon Landes

		EASED NAME	FIRST	٨	AIDDLE		LAST	WI CONT		0 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	TYPE	OR PRINT)	James	L:	indsay		SMITH,	SR.		Decembe	er 6.	1986	M
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Time!		OUNTRY)	R FOREIGN	L CITIZEN OF	WHAT COUN	ITRY? 8	RIED X N	VER MARRIED		BALTIMORE CIT	OR COUN	TY OF DEATH	
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4		sow the dece	sed olive on	view the body	alter death.	19 20	, and that i	(my) (our) opi	inion de	eath occurred on th	e date and h	our and Irom th	e causes stated
1		22b. SIGNATURE	-			-11-	DEGREE				-4-1-	22c. DAT	E SIGNED
n			0	help	The -	~ ~	N.V	ATTENDIN PHYSICIA	NG X	MEDICAL S	SICIAN [81	2391 ,29C
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		URIAL, CREMATION	N, REMOVAL	236 DATE		230 NAME C	FCEMETER	Y OR CREMATO	ORY	23d LOCATION		JOHNIY	217
	1	burial		Dec. 9,	1986	Rest	Haven	Cemete	ry	Hagersto		ash., Ma	aryland

burial pec. 9, 1986 Rest Haven Cemeter Funeral Director MINNICH FUNERAL HOME ADDRESS 415 E. Wilson Blvd., Hagerstown, Maryland 21740

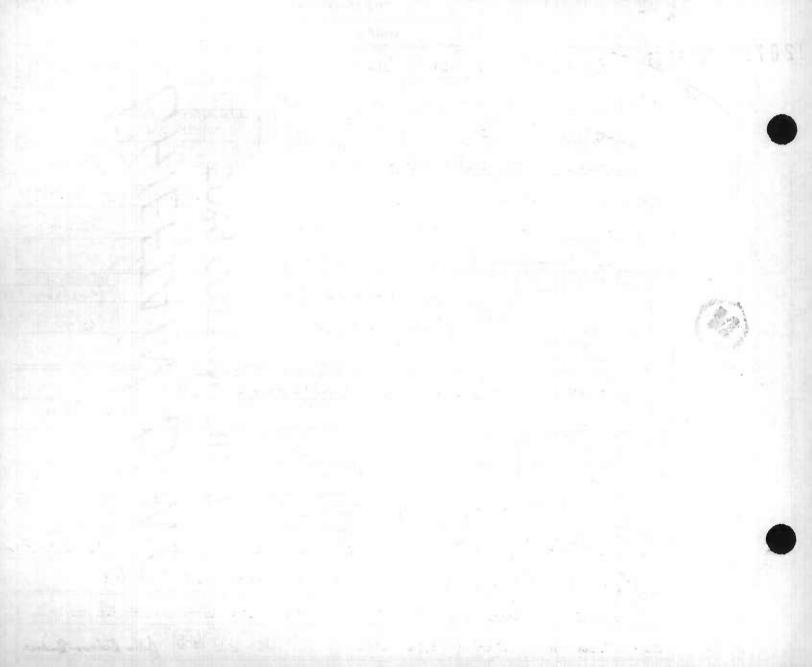
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Male White To BIRTHPLACE (STATE OF FOREGON DUNIRY) STATE OF FOREGON DUNIRY DUNING	1 74			2 MIDDLE	Hor	PX			26 HOUR
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PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BE ATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LO	MOM 1	0	YES, NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES)					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BE ATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LO	THE STATE OF THE S	-				. /11.7		APPROX	MATE INTERVAL
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BE ATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LO	8				TA7 16 11	PMI/AND	MA	BETWEEN	ONSET AND DEATH
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PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BE ATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LO	ESTO destriction for countries		Conditions, if ony, which	1	SEQUENCE OF				
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BE ATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LO	A 4111		couse (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF				
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 0 to 1 to 1 to 1 to 1 to 1 to 1 to	W To The state of		underlying cause lost.	(c)					
190 DATE OF OPERATION 191. CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 2016, IF YES, WERE FINDINGS USED YES NO 2 10, ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH? 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 21C. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN JEEM 18 PART 1 OR PART 2)	S, 20 buries buri	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COND	OITION GIVEN IN PART 1	0
196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. AUT	ORD requestry injectory	O. T.							
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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	TAL The incider of the hinding property of the hinding property of the property of the hinding propert	E	21. ACCIDENT WAS UNDERLYING	71h TIME OF IN ILIRY		121, HOW IN JURY OCCUR			NO 🗌
	PFV:		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	H DAY YEAR	THE HOW WAJORT OCCOR	LED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
ON THE CONTRIBUTING CAUSE OF DEATH ON CONTRIBUTING CAUSE OF D	NSIG Serio Serio Mention	2			19	21L LOCATION			
STATE WHILE NOT WHILE AL WORK IN HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AL WORK IN WORK IN HOME STREET, FACTORY, OFFICE, FARM, ETC.)	VISIC The orth	A.			OFFICE, FARM, ETC.)	STREET	CITY OR TOV	VN COUNTY	STATE
20 0 0 E 27a certify that (1) (this haspital) attended the detensed from	Do de E	- 5		tol) offended the deteased	from //	10 80	10	10	that (I) (we) last
sow the decent dalive on 19 , and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above. (I) (we) big) (did not) view the body ofter death.	TTEN Portol TOR for of Ho	11.5	sow the deceard alive an	12-23-01	(.	nd that in (my) (our) opinion	death occurred on the da		
DEGREE 22. DATE SIGNED	NR A hoss hose thed head lept.		Th Signature	The body offer death.					SIGNED
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	14 14 9 4		& rady	1		ATTENDING / PHYSICIAN	MEDICAL STAF	IAN [] 17.73	-86
220 ADDRESS ()	SPIT d b) JNER JNER STAN		THE PHYSICIAN'S NAME (1995	and bal		22e ADDRESS	alred 1	1, 11/1/1/	/
Whistian Mark Name And Andrews And Andrews And Andrews	APOINT AP		L.11- NO9	HIJAHAY		1300 DON	O W May at	aguson Ha	-
230. BURIAL, CREMATION, REMOVAL 1231/ DATE 123C NAME OF CEMETERY OF CREMATORY 123d, LOCATION /	of the state of t		SPECIEY)					COUNTY	STATE
BP Burial Dec. 27, 1986 Cedar Lawn Hagerstown Wash Md	BP		Burial				Hagerst		
DHMH-16 60M 7/84 24 FUNERAL DIRECTOR Minnich Funeral Home (VRA 15. 4) 250 DATE REC'D. BY REGISTRAR' 256 REGISTRAR'S SIGNATURE DEC 29 1986 415 F. Wilson Blvd.		24. FU	NAME L'ILLIII					1.1 - 1	URE
(VRA 15, 4) 415 E. Wilson Blvd. Hagerstown, Maryland	(VRA 15, 4)		415 Hauci	E. Wilson E	lvd.	DL	0 2 9 1000	Julia Danders.	Kandalk



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE OF DEATH MONTH DECEASED NAME 2b. HOUR 22-86 Samue stigate 1) avid 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. YEAR Caucaston 15 BIRTHPLACE I STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED COUNTRY WASHINGTON USA Maryland WIDOWED DIVORCED | IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 176 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Washington County Hospital Machine Operator Leather Hagerstown USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136. STATE 136. COUNTY 138. CITY OR TOWN 130.STREET ADDRESS / ZIP CODE 125 N. Conococheague St. 21795 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Williamsport Washington YES X Maryland NO F 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Young Vera Straitiff James ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT IYES, NO OR UNKNOWN) (item 13 above) Erma Straitiff 217-14-7539 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE GREGORDITION GIVEN IN PART 110 CERTIFICAT 206. IF YES, WERE FINDINGS USED 196 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 266 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO 71a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE LAT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from. _19___8 6, and that in (my) (ear) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on_ obove, (I) (we) (did) (did not view the body ofter death. DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN FUNERAL 22e ADDRESS IMPORT, 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY Dec. 24, 1986 Greenlawn Memorial Pk. Williamsport Washington Maryland (SPECIFY) BP. Burial 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Williamsport, MD 21795 Major M.Osborne (VRA 15, 4)



028048 REGINE

BALTIMORE CITY OR COUNTY OF DEATH Washington 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Domestic 13e.STREET ADDRESS / ZIP CODE 1183 Luther Drive Foltz Points, W. Va. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) a, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22¢ DATE SIGNED DIRECTOR PHYSICIAN Buriall Salem Cemetery Hampshire Points 250, DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 ADDRESS (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

26 HOUR

IF UNDER I YEAR

4:25F

IF UNDER 24 HRS

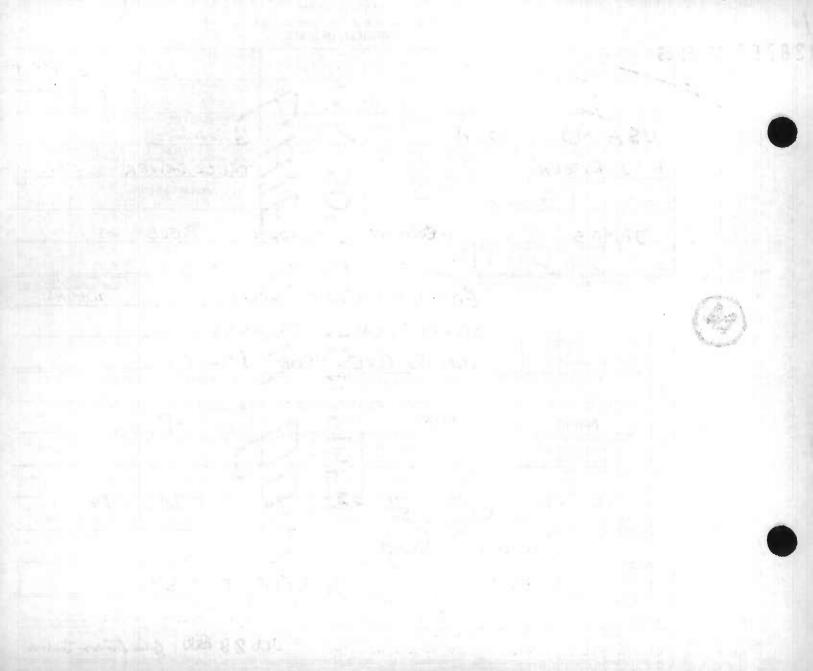
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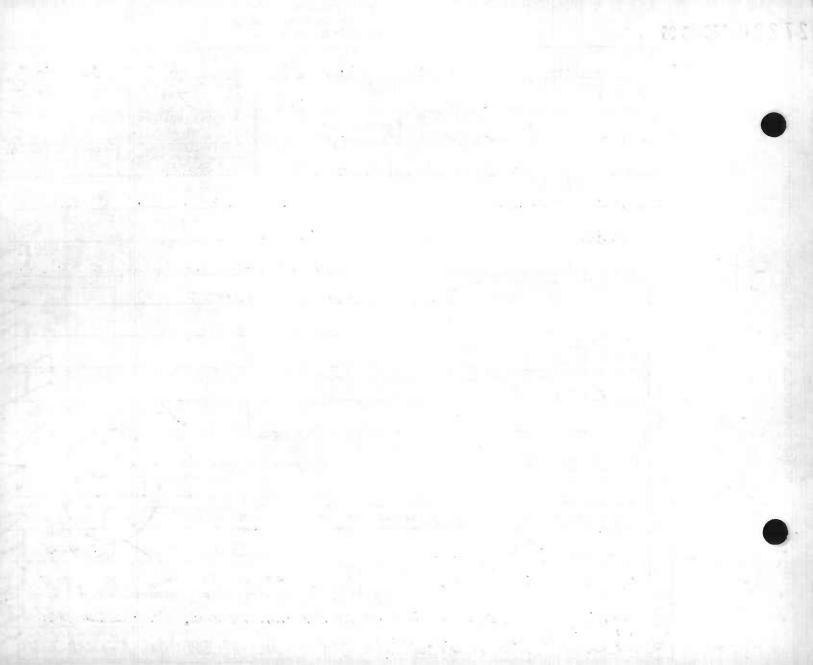
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8795	DEC 31	T) BE	CEASED NAME FIRST	E1mo MIDDLE		LAST		DAY YEAR 26. HOUR
2 1	n-g # 0	30%	NORM,	. 1	WEA	4GLEY	17	21 86 816/4
(ou	LA	J. 58		4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4	100		M	C	MONT		69 YRS.	MONTHS DAYS HOURS MIN.
	12 1	7a Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	NTRY? 8.	D NEVER MARRIED	BALTIMORE CITY OR COUNTY	OFDEATH
Tool tool	The same		USA MD.	USA	WIDOW	ED DIVORCED	Washington Co	MD.
ofter.	199		AUERS TOWN	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GP Washington	VE STREET ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY
D 2120	12 4 T	USU.	AL RESIDENCE (IF NURSING HOME COTATE 136 COU	OR OTHER INSTITUTION GIVE RESIDEN JNTY 136. CITY C	CE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	ors
AN CALL		_		hington Hag	erstown	YES 🔼 NO	1146 Corbett St	treet 21740
MARY1	R//				BRMAN	15 MOTHER'S MAIDENN FIRST Nel	Tie MDBE BELE.	Welty
ORE	dicol 4		VAS DECEASED EVER IN U.S. A	INF WAR OR DATES	AL SECURITY NO.	17. INFORMANT	ADDRESS	
Do o	00.0	no		214-0	9-9950	Norma Mill	er, Hagerstown, M	Md.
T, BAL	love in		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (o), SED BY: ATE CAUSE (o)	DIO PULI	MONARY A	RREST	BETWEEN ONSET AND DEATH
ž 1	683		DAME DIA	DUE TO, OR AS A CON				
Die ist			Canditions, if ony, which	(B) SEVI	ERE. AO	RTIO STE	NOSIS.	
W. Pa	110		gave rise to immediate cause (a), stating the underlying couse last	DUE TO, OR AS A COM	SEQUENCE OF	F HEART	- JAILURE -	
DS, 20	signed ben ple to burn tury, or	NO	PART 2. OTHER SIGNIFICANT				MINAL DISEASE OR CONDITION GIV	/EN IN PART Ita
00 1	01000	ATI	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		S, WERE FINDINGS USED
T SE	1 1 CX	THE	NONE	No	WE .			YING CAUSES OF DEATH?
DIVISION OF VITA		AL CER	? (a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MON		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 F	
NO SER	W WEE	MEDIC	(IF EITHER NOTIFY MEDICAL EXAMINE	21e PLACE OF INJURY	19	211. LOCATION		
IVISI PO P	the day	×	NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM ETC)	STREET	CITY OR TOWN	COUNTY STATE
0 5	feore a		220.1 certify that (1) (this hasp	pital) attended the deceased	fram	22 19 86	11.30	19 86:, that (1) (we) last
# 2	2 9 9 0		saw the deceased alive a abave, (I) (we) (did) (did n	nat) view the bady after death	19 86., a	nd that in (my) (aur) apinion	n death accurred an the date and hav	and fram the causes stated
() A A	of Dept.		22b. SIGNATURE	anzar 2	map:	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
A PIL	7 8 8 7 7		22d. PHYSICIAN'S NAME (TYPE	ORPRINT)	0	22e ADDRESS	_ DIRECTOR _ PRISICIAN _	
G He	2 H 4 0		SH	HAFI.		138 EAN	ITIETAM. ST.	
5.1	2131	23a. E	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION	down't down
BP_		b	urial	Dec.24,1986	Rose Hi	.11 Cemetery	Hagerstown, W	ash., Maryland
DHMH -	16 60M 7/B4		NERAL DIRECTOR MINN			250 DA	TE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
	RA 15, 4)	4.	15 E. Wilson Bl	lvd., Hagerst	own, Md.	21740 B	CO S A 1200 Union	Devideon-Raidnes

STATE OF MARYLAND



DEC 10		FOR STATE	DEPART	MENT OF HEALTH AND MENTAL H	YGIENES O 3	0 0 0 0
ncr 19	do	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
1	L	Mary	Elizabeth	Weller	12-	9-86 4:02 PM
0	1.58	20 20 10 10 10 10 10 10 10 10 10 10 10 10 10	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
		Female IRTHPLACE (STATE OR FOREIGN	White	May 29, 1907	/ YR	
2		OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		
i	M	aryland	United States	WIDOWED XX DIVORCED		
1	1	IIT ON TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR INDUSTRY
	101000	ancock	Potomac Bend Me	edical Center	Homemaker	
1	130	STATE (IF NURSING HOME COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR INTY 13c. CITY OR TOV	PE ADMISSION) /N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	
2	M	aryland Wasi	nington Hancock		Rt. 2 Box 21	5 21750
9	DATE	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN I	MIDDLE	LAST
1		Daniel	Mills			
1	160	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS	21711
ľ		No		Floyd L. We	eller Rt.1 Box 8	B2A Big Pool, Md.
Į.		18. CAUSE OF DEATH (Enter of	inly ane cause per line far (a., (b), ar		,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		PART I. DEATH WAS CAUS	ATE CAUSE (o)	ie eu monary	arrest	
age.			DUE TO, OR AS A CONSEQU	ENCE OF		
and a		Conditions, if ony, which	(b)			
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
		underlying couse lost	(6)	2.1.02.01		
	100	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
	S S	Hortic	Stenosis			
9	CERTIFICATION	198. DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED
×	E	The state of the s			YES NOTE INCE	RTIFYING CAUSES OF DEATH?
5	18	710. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
7	13	OR CONTRIBUTING CAUSE OF DE		19		
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION		
	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
		220.1 certify that (I) (this hosp	oital) attended the deceased from_	19	ta	, 19, that (I) (we) lost
		sow the deceased alive of	at! view the body after deoth.	, and that in (my) (our) opinion	on death occurred on the date and	
		121 SIGNATORE	at) view the body after deoth.	DEGREE		226. DATE SIGNED
		_/ /	Kenn	ATTENDING	MEDICAL STAFF	11.9.86
+	16	PHYSICIAN'S NAME (TYPE		22e ADDRESS	DIRECTOR PHYSICIAN	12-1-00
	1	Laucensa	Greenspoon	130 W. Y	igh St, Hand	ock Md
1	73n F	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATOR	/	1.10.
	/30. (SPECIFY)			CITY OR TOWN	chington Md
	24 F	Burial	12/12/1986 Or	rchard Rdg.1st C.6	ATE REC'D. BY REGISTRAR 25b. REG	shington Md.
	14	- 1 D X	DOMESS POOPESS	400 [Landon Panders
	1		VIDOC III	COCK MILL	LO I I ISOU I GAMA	a population to a property



1201		- 1			STATE OF MARTLAND	I from	6 3 3 1
0281	4 2 DE	0	FOR	DEPAR	RTMENT OF HEALTH AND MENTAL HYG	IENEO O	9
	· L UL	6 16	TEGISTRAPBERTHA E	LIZABETH WIL	SON RTIFICATE OF DEATH	REG. NO.	
		-	DECEASED NAME FIRST	MIDDLE WILL	LAST		DAY YEAR 26 HOUR
100	m#	- 1	TYPE OR PRINT)	1		101	-30
0	54	31	Bert	ha ELIZAB	ETHWILSON	12/18/86	3 - p, M
1	41	1	SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	NONTHS DAYS HOURS MIN.
1	8.0		FEMALE	White	sept. 11, 189	3 93 YRS	MONTHS DAYS HOURS MIN.
- 2	40 6	1/17	BIRTHPLACE I STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	9 BALTIMORE CITY OR COUNTY	OF DEATH
6	12 / 1	1	COUNTRY)		MARRIED NEVER MARRIED	11 la cher	10.
#	31/64	4	Rhode Island	U.S.A.	WIDOWED DIVORCED DIVORCED SING HOME OR OTHER INSTITUTION	12- HEHAL OSCHOANON	MD.
1	11/1	1	CITORIOWNOFDEATH	(IF NOT IN SUCH FACILITY, GIVE STR		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR E) INDUSTRY
0 0	34/1/		illiamsport /		irement Center	Housewife	
212	1 1		JOUAL RESIDENCE (IF NURS IN THE E OF 30 STATE			In STREET ADDRESS / ZID CODE	4614461
2 4	334A	11	15.7	Castle Wilmi		Ingelside Apa	artments
4 4	24 (4		FATHER'S NAME	Captiq Williams	15. MOTHER'S MAIDEN NA		
A I	13/1	13	FIRST	MIDDLE LAST	FIRST	WIDDLE	LAST
× 1	10/00	4	William	Wood	Lydia	1000000	didgely
380	TE B	0	WAS DECEASED EVER IN U.S. AR	E WAR OR DATES		ADDRESS GO	ordon Circle
IM .	12/ 20	2	No -	035-03	-9640D Frederick	H. Wilson Jr.	Hagaretown
ALT.	35		18 CAUSE OF DEATH (Foter or	ly ane cause per line for (a), (b),		- 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
a	400 5		PART I. DEATH WAS CAUSE	D BY	and Vastales ar	-illa K	SCHOOLSE! SIND DESIGN
57	2000		IMMEDIA	TE CAUSE (a)	24 0-71-14 -16	ciam-	
0	real			DUE TO, OR AS A CONSEC	QUENCE OF		
E #	4191		Conditions, if any, which	(b)			
2 1	21		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF		
\$ 19	to the		underlying cause last.	(c)			
2 3	1000		PART 2 OTHER SIGNIFICANT		O DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART III
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0 .	1 2 2 27		190. DATE OF OPERATION	19h CONDITION FOR WHI	A OPERATION WAS PERFORMED	20a AUTOPSY 2 20b. IF YES	, WERE FINDINGS USED
# .f	511	1				IN CERTIF	YING CAUSES OF DEATH?
TAL The	4 10 04	4	21g. ACCIDENT WAS UNDERLYING				S NO
2 22	301 00/	2	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	THOUSAND A MA MONITON	DAY YEAR ZIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
0 00	1061	7	(IF EITHER, NOTIFY MEDICAL EXAMINER		19		
0 0	14 5 1/		216 INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
VIS OF	1400		ORK NOT WHILE	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	Cirronioni	3,111
a 200	404 9	- 1		tol) ottended the deceased fram	Aut 1 1085	Dec 18	19 86 the IN (we) lost
23	8 22 2				0, 1	death occurred an the date and hou	,
A IA	1000		abave, () (we) (did) did no	19 19 19 19 19 19 19 19 19 19 19 19 19 1		ded decorred an me dote one noon	
8 4	S S S S		22b. SIGNATURE	1001	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
# # f	335 H_		cally	9997	PHYSICIAN		16/17/06
1 P	B 2 2 3	1	274 PHYSICIAN'S NAME ITTES		22e ADDRESS	./1 1/ /	
모 :	교육부경		HIPAL	cax mo	1610 Ock No	1 Aho. HEGDINO	un MD 21740
0019	17709-1		30 BURIAL, CREMATION, REMOVAL	- W / W /	NAME OF CEMETERY OR CREMATORY	123d. LOCATION	
11499	471		(SPECIFY)			CITY OR TOWN	COUNTY STATE
9// 18	+-	-	Burial	12-19-86 s	mithsburg Cremat gerstown, Md. 250 DAT	orium Smithsb	urg, Wash., Md.
DHM	1. 16 60M 7/B		4 FUNERAL DIRECTOR	Had	erstown, Md. 250 DAT	E REC'D. BY REGISTRARI256 REGIST	RAR'S SIGNATURE
	VRA 15, 4)		A.K. Coffman F	uneral Home	Inc.	623 106 Julia	Dividor Randale
		100					

Sept. 11, 1893: 93 Thorn Island U.S.A. A.S.A. busing when williamport souswood Betitement Center Housewife : Delaware New Casale milwington X Indelside Apartments D wtorbild - Bo - T.T. 135-13-0640D Prodestot L. Wilson Jr., Hacenetown agethor sail to be stone debuter land one Carliffelia 1610 Call All Hay Hoggs Kows MOST NO Aller walk res Burtal 17-19-58 a Christin Crestorian Smithsburg Mash. Md. Haderstown, M. Di Lie St. Marie Sepain A.A.Coltman Funeret Hore, Inc.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Wishard

MONTH

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Washington County Hospital

Hagerstown

LAST

Moore 166 SOCIAL SECURITY NO

220-28-2716

Ventricular to

ongestive

23c NAME OF CEME

Broadford

IMMEDIATE CAUSE (0) Renal failure

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

arteriosclerote cardio

196. CONDITION FOR WHICH OPERATION W

HOUR A.M. MONTH DAY YEAR

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

Emily

7h CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

white

USA

CERTIFICATE OF DEATH

April 25, 1911

MARRIED NEVER MARRIED

DIVORCED

ES X NO	240 Bryan Pl	
MOTHER'S MAIDEN NAME		
Helen	WIDDIE	Trone
INFORMANT	ADDRESS	
ayne Wishard	, Hagerstown, M	d.
		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
due to acc	ste tubular Neci	our 2days.
zchyeavdia		3 Lays.
eart faile	ive	3 days.
FRELATED TO THE TERMIN	IAL DISEASE OR CONDITION G	
ourscular disc	ase.	
AS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
		ES NO
c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2}
I. LOCATION STREET	CITY OR TOWN	COUNTY STATE
19.73	, to Dec 7	. 19 9 2 that (we) last
	ath occurred an the date and ha	
REE		22¢ DATE SIGNED
ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	12/9/96.
e ADDRESS		21790
708 Oak H.	11 Ave, Hagi	
TERY OR CREMATORY	23d LOCATION	COUNTY STATE
ing Cem.		ash., Maryland
740 DE	REC'D. BY REGISTRAR 25b. REGIS	
/40	I 1 1000 Gulia	Davidson Pandres

REG. NO

MONTH

BALTIMORE CITY OR COUNTY OF DEATH

Washington

(TYPE OF WORK FOR MOST OF WORKING LIFE

26 HOUR 16

12b. KIND OF BUSINESS OR

IF UNDER 1 YEAR

20. DATE OF DEATH

6 AGE (IN YEARS LAST BIRTHDAY)

120 USUAL OCCUPATION

housewife

75

poge 3 director, other prior shows burial-transit 00 marked or the FUNERAL DIRECTOR should be detached for with the State Dept. of I hem 21 BP.

027695

. DECEASED NAME

(TYPE OR PRINTT

female

Maryland

Maryland

14. FATHER'S NAME

no

CERTIFICATION

MEDICAL

David

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if any, which gove rise to immediate

couse (o), stating the

underlying cause

90 DATE OF OPERATION

21d. INJURY OCCURRED

WHILE NOT WHILE

230 BURIAL, CREMATION, REMOVAL

buria1

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

To BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

Hagerstown

3 SEX

FIRST

.ena

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136 COUNTY 137. CITY OR TOWN

Washington

MIDDLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO

22a.1 certify that (1) this haspital) attended the deceased fram

Richard E. Smith M. D.

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

did nat view the bady after death

415 E. Wilson Blvd., Hagerstown, Md. 21

216. TIME OF INJURY

P.M

21e. PLACE OF INJURY

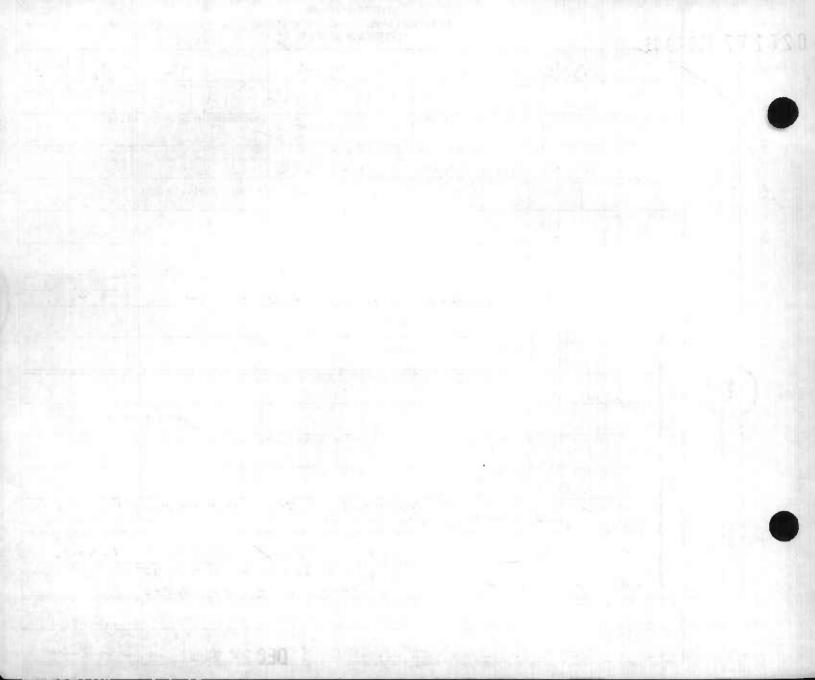
Dec.10,1986

(VRA 15, 4)

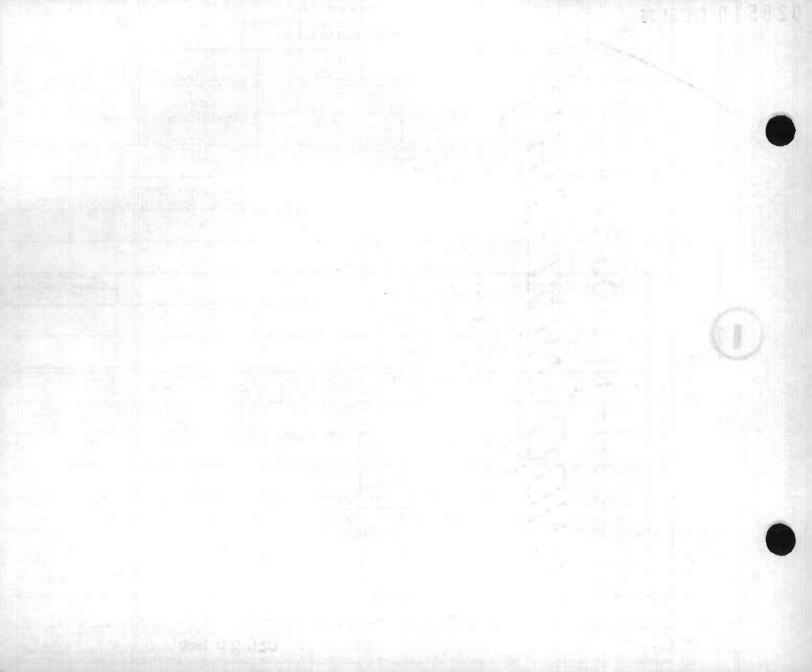
DHMH - 16 60M 7/84

027 Acres House REAL SHOW THE THE PERSON WITH THE STATE STATE with a martin barger and Charles ! 5 what to give With many n sigh adversarious at and a staff The leave to the things will Restrained to San De 190 De 1900 and De 200 De 190 De 190

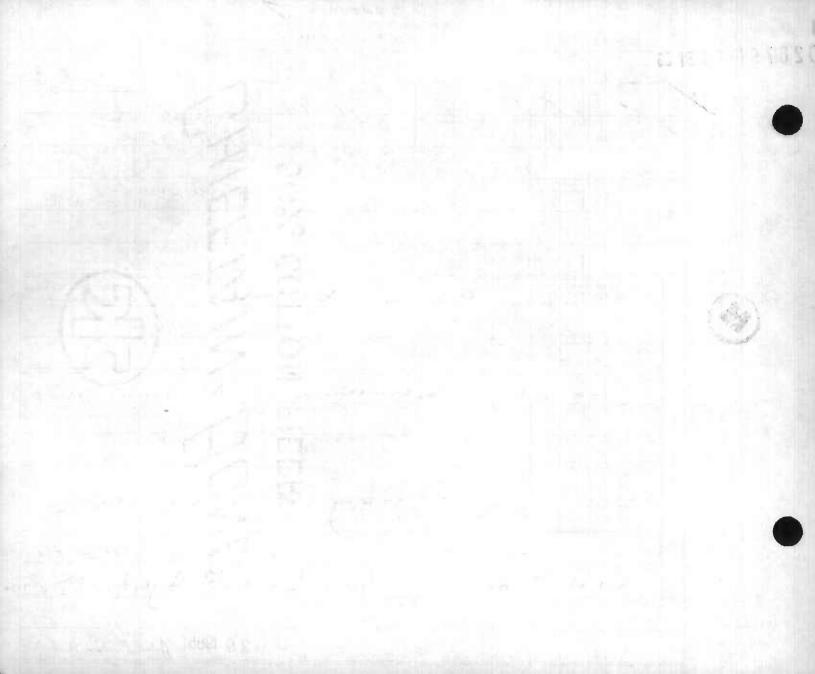
						STATI	OF MARYLAND			
ALC: NO PERSONAL PROPERTY.	1.	FOR STATE			DEPART		EALTH AND MENTAL H	YGIENE O)	20 300
28277 DEC		MIGISTRAR		1140			ICATE OF DEATH		G. NO.	1
		PASED NAME	FIRST	Mad	ê l îne	1	AST	20. DATE OF DEAT	H MONTH	DAY YEAR 26 HOUR
1 11	100	(2)	i Isa	no	w	C	ini ght		12	18 86 832"
1 11	1. SE		4	RACE		5. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY}	IF UNDER 1 YEAR IF UNDER 24 HRS
1 12	J.	Fema	18	white		MONTH	11 DAY OF YEAR	4 14	YRS.	MONTHS DATS HOURS MIN.
2 42 19 -		RTHPLACE (STATE OR FO	REIGN 7	CITIZEN OF	WHAT COUNTRY	8 AAA PDIE	NEVER MARRIED	9. BALTIMORE CI	TY OR COUNT	Y OF DEATH
1 15 15		Maryland		USA		WIDOWE			ington	MD.
1100	10. CI	TY OR TOWN OF DEAT	Н 1		HOSPITAL, NURSI		R OTHER INSTITUTION	12a USUAL OCCU		12b. KIND OF BUSINESS OR
5 5 57	H	agers to	no		hi Na to		20H V+40			PE) INDUSTRY
1 11 57	USU	AL RESIDENCE (IF NURSIN	IG HOME OF O	THER INSTITUTION		E ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDR	FCC / 710 COD	
2 4 13 75				ngton	Hagersto		YES NO		lview A	
1 17	14. FA	THER'S NAME	12.5	DDIE	LAST		15. MOTHER'S MAIDEN			
10×1//		Moses	J. "	DDIE	Hudson		Made1	ine)LE	Watson
2 2 2 7		AS DECEASED EVER I			166 SOCIAL SEC	URITY NO.	17. INFORMANT	A	DDRESS	
2 5 6 7 F		(ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	219-36-37	62	William J.	Wright, H	agersto	wn, Md.
# 15 CO	3 77	18 CAUSE OF DEATH	Enter only	one couse pe	r line far (a), (b), a	nd ici				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy phy man went		PART I. DEATH WA	S CAUSED	BY:			L HEMORAHA	w. MASSIN	rts.	6 HOURS
S S S S S S S S S S S S S S S S S S S			MMEDIATE		R AS A CONSEOU			, , , , , , , , , , , , , , , , , , , ,		
on the south		Conditions, if any,	which	(th)	OR AS A CONSECU	ENCE OF				I I SELECTION OF THE REAL PROPERTY.
a de la constante de la consta		gove rise to imme cause (o), stating	ediote	DUETO	OR AS A CONSEQU	ENCEOE				
* 10 A 10 f	19	underlying cause	lost.	(6)	OR AS A CONSEQU	ENCEON				STATE COMMISSION OF THE PARTY O
I ALL		PART 2 OTHER SIGN	FICANT CO	NDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR	CONDITION GI	VEN IN PART 11a
6 章 () 章	O	NONE								
11119	CAT	190. DATE OF OPERATI	ON	196 CONE	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YE	S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
21 111d×	CERTIFICAT	NON	_					YES NO	_//	ES NO
No. of the state o	S	210. ACCIDENT WAS UNDE		216. TIME O	OF INJURY	AV YEAR	21c HOW INJURY OCC	JRRED (ENTER NATURE O	INJURY IN ITEM 18	PART 1 OR PART 2)
P AND THE P	CAL	OR CONTRIBUTING CA		,	.M.	19				
Sup and a	MEDICAL	21d INJURY OCCURR			OF INJURY	S A PAA FTC 1	211 LOCATION	CITY	ORTOWN	COUNTY STATE
And the standard	2	WHILE NOT WHILE	E	Transfer of	THE THE TON TON THE E.	ranm, ere j				
- 00 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		220.1 certify that	this hospito	l) attended t	he deceased from	DECEMBE		10 DECEM		19 <u>84</u> . tho (1) (we) last
# 1 P 4 2 E		saw the deceased abave (f)(we)(di	divided not	view the bad	valter death	, ar	d that in (60) (aur) apinio	on death occurred an t	he date and ha	ur and Iram the causes stated
W2 W311		226. SIGNATURE		11			DEGREE	6		22¢ DATE SIGNED
AL PALE		Darry,	liebt.			M.	FILIDICIAIN	DIRECTOR PH		12-19-86
OSPIT well to the South of South		22d. PHYSICIAN'S NA				2 00 2	22e ADDRESS 339	E. ANTIE	TAM ST	
PORT		BARRY	u. Co	HEN, A	u.D.		HAGEASTON	NN. MD.	21740	
51 5213/		URIAL, CREMATION, R	EMOVAL	236 DATE	230	NAME OF C	EMETERY OR CREMATOR			COUNTY STATE
BP		cremation	4.39	Dec.20	,1986 Sm	nithsb	urg Cremator	y Smiths	burg, W	Mash., Maryland
DHMH - 16 60M 7/84	24 FI	INERAL DIRECTOR M	INNIC	H FUNE	RAL HOME		25a D	ATE REC'D. BY REGIST	RAR 256. REGIS	TRAR'S SIGNATURE
(VRA 15, 4)	-	115 E. Wils	on Bl	vd., H	agerstown	, Md.	21740	DEC 24 198	6 Julia	Diridon Randon



028	3510 DEC:		OR STATE		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY	YGIENE 🕉 🤞	3	6 5	3 /
		1. DE	REGISTRAH CEASH NAME FIRST		MIDDLE	CERTIF	ICATE OF DEATH	20 DATE OF	REG. NO.	DAY YEAR	26 HOUR
	oge 3 deoth	(TYPE	Irr	ia t	elen	1	loder		12-21	3-86	M
	4 9 9	3. SE		4 RACE		S. DATE C	DAY YEAR	/	1	IF UNDER I YEAR	HOURS MIN.
	e do		emale	whit		July	5, 1925		O YRS.		
	4 35 15	- 0	RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	MARRIE	NEVER MARRIED		RE CITY OR COUNTY	OF DEATH	
	deo deo		nnsylvania	U.S		WIDOWE	D DIVORCED DIVORCED		Vashington	101 4/10 00	MD.
201	by the filled with	На	agerstown	Washin	cheacility, Give Street gton Coun	ty Ho			FOR MOST OF WORKING LIFE		BUSINESS OR
MARYLAND 2120	led in	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL Bryland Wash		13t. CITY OR TOW Hagersto	'N	13d. INSIDE CITY LIMITS?	13e STREET A 247 Sh	DDRESS / ZIP CODE	[errace	2174
RYL	1 15-01/	14. F.A	THER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN N		WIDDLE	LAST	
WA	1 1000		Michael		Kolback	4.124	Ann			Fitzo	
ORE,	dicol di		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECL	IRITY NO.	17 INFORMANT		ADDRESS		
BALTIMORE,	2 52 1/		no		198-20-	1628T	Mr. Carl A.	Yoder,	Hagerstown	. Maryl	and
	physics physics moval went, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse pe ED BY:		d (ct.)				APPROXIM BETWEEN O	NATE INTERVAL NSET AND DEATH
5, 201 W. PRESTON ST.,	and the aleast		Conditions, if any, which gove rise to immediate couse (o), stofing the underlying couse lost	(b)	DR AS A CONSEQUI	ENCE OF	NOT RELATED TO THE TER				
CORD	been seminary The prior to ony inju	CERTIFICATION	CHIZONIC PE	196. COND	PILLURIE DITION FOR WHICH		RGENERS N WAS PERFORMED	C-RANG 200 AUTO	PSY? ZOB. IF YES	WERE FINDIN	GS USED
AL RE	he lo	Ĭ.						YES 🗌		YING CAUSES	OF DEATH?
OF VIT	YSICIAN: T ding physicis s certificate buriol-tronsi Mental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A	DF INJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCL	JRRED (ENTERNAT	URE OF INJURY IN ITEM 18 P.	ART 1 OR PART 2)	
DIVISION OF VITAL RECORDS, 201	ING PHYS After this cost but but though was a second with the second was a second w	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	TTENDIN pital or TOR. Af for use of of Health		220.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did r	1 - 0		57	nd that in (my) (our) apinio	on death occurred			hot (I) (we) lost ouses stoted
	by the hosp the hosp the hosp the detoched Stote Dept ANT: If them		226 SIGNATURE ROP	Zu me dady	y unier deom	L	DEGREE ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN	12 - 2	IGNED 20-86
	TO HOSPITAL TO FUNERAL Should be der with the Store		ELE RE	OR PRINT)			220 ADDRESS WASHIGT			TOS 117	AL
	5 € 5 € 3 3 4		URIAL, CREMATION, REMOVA	L 23b. DATE	236 1	NAME OF C	EMETERY OR CREMATORY	23d LOCA	TION	r Outly	61/2/
	BP	C	remation	Dec.22	2,1986 Sr	nithsl	ourg Cremato	ry Smit	hsburg, Wa	sh. Ma	ryland
	DHMH - 16 60M 7/84			NICH FUN	VERAL HOM	Ξ	25a. D.	ATE REC'D. BY RE	GISTRAR 256 REGISTI	RAR'S SIGNATU	JRE
	(VRA 15, 4)	41	5 East Wilson	Blvd., Ha	agerstown	, Mary	land 21740	EC 29	1986 Julia	Dunder	Kandaes



STATE OF MARYLAND



028275

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



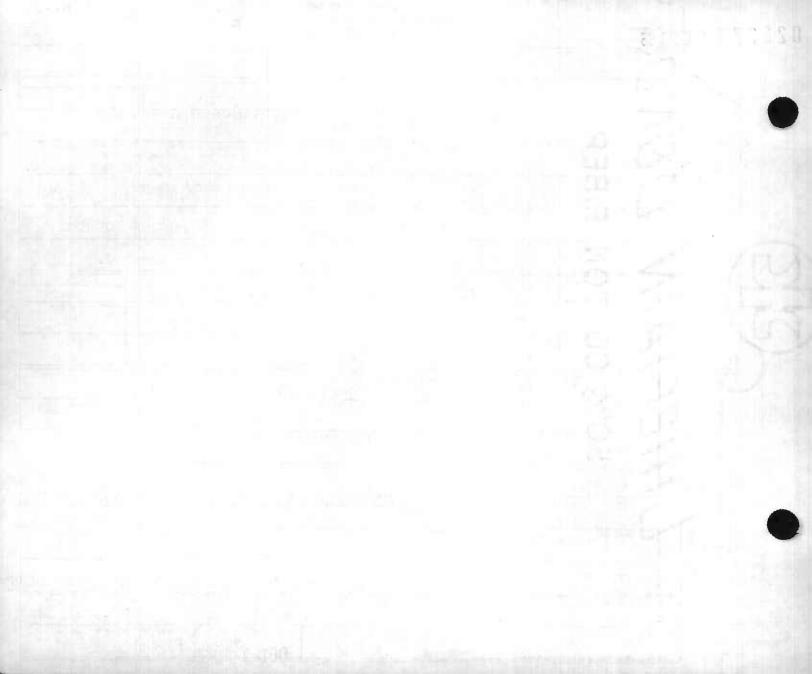
86 36539

EC	29	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HYG	REG. NO.) 63	31		
	1. DEC	FASED NAME	Stanle		saac		JNKER	December 17,	1986	2b. HOUR		
	3.5EX	male		4. RACE white		S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) 49 YR		IF UNDER 24 HRS		
5	M	RIHPLACE (STATE ORI OUNTRY) Iaryland		USA	WHAT COUNTRY	WIDOWE		Washington		MD.		
7		TY OR TOWN OF DEA Hagerstown	n	Washin	gton Cou	et address) inty Ho	or other institution ospital	176 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Maintenance 176 KIND OF BUSINESS OR INDUSTRY county gov't.				
5	130 S Ma	ryland	13b COUN		Hagerst	WN	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP CO Route 4, Bo	x 330A	21740		
2		THER'S NAME FIRST		MIDDLE	Younk		15 MOTHER'S MAIDEN NA PEAR1	WIDDLE	G1a	dhill		
1		VAS DECEASED EVER res, no or unknown)	IN U.S. AR	MED FORCES? E WAR OR DATES) 2	166 SOCIAL SEC 19-36-43	309	Lillie W. You	inker, Hagersto		(IMATE INTERVAL ONSET AND DEATH		
	NOI.	Canditions, if any, gove rise to improve (a), stotic underlying couse										
2	MEDICAL CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 216 TO THE PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) 217 LOCATION STREET 218 LOCATION STREET 219 AUTOPSY? 210 AUTOPSY? 210 FYES. 210 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART P.M. 19 211 LOCATION STREET CITY OR TOWN 210 LOCATION STREET 211 LOCATION STREET 212 LOCATION STREET 214 LOCATION STREET 215 LOCATION STREET 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 219 AUTOPSY? 210 LOCATION STREET CITY OR TOWN										
1	7 100	sow the decease above, (1) (we) (6) 27th. SIGNATURE 27th. PHYSICIAN'S N.	ed alive and did) (did no	t) view the body	19_	36 , or	DEGREE ATTENDING PHYSICIAN 7.7. ADDRESS	death accurred on the date and CEDICAL STAFF CORRECTOR PHYSICIAN D RADDW DRIVE	12. DATE			
	bu	URIAL, CREMATION, SPECIFY) 1	200	Dec.20		Cedar 1	EMETERY OR CREMATORY Lawn Mem. Par 250 DAT	k Hagerstown,				

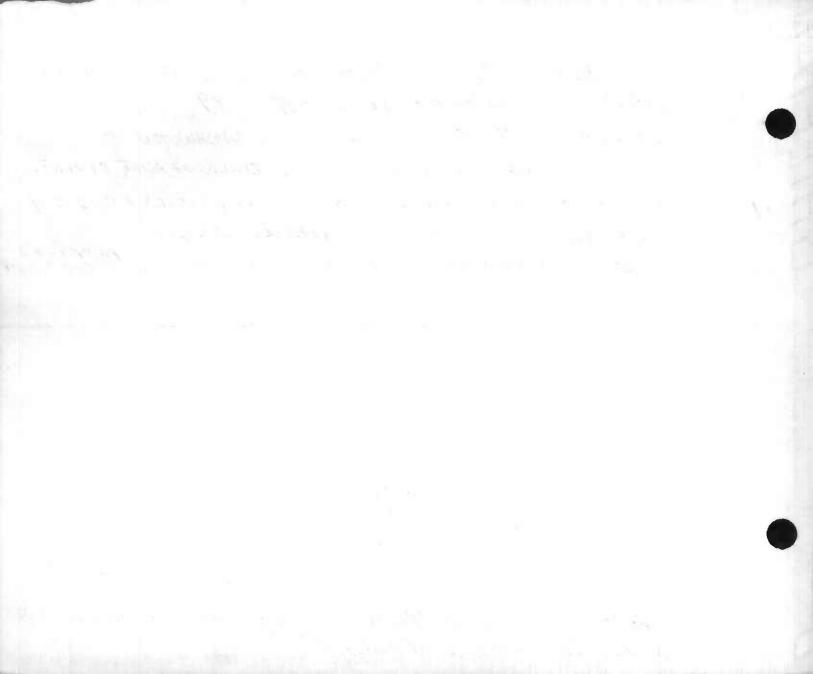
415 E. Wilson Blvd., Hagerstown, Md. 21740

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR



29061 JAN-5	PA 3	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	6 3 4 0
m.s	I. DECE	ASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
moy be poge 3		Karl	Edwin	Yount SR.	12	26 86 BA M
ector.	3. SEX	ALE	CAUCASIAN	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 89 YRS.	MONTHS DAYS HOURS MIN.
25 di di	7a. BIRT	HPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY!	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	_
er de	IO CITY	OR TOWN OF DEATH	Di .	WIDOWED DIVORCED DIVORCED	WASHINGTON 120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
_ = = o G//	Ba	nesboro	Fahrney Keeder	Memorial Home	TURCHASING AGE	HEEL INDUSTRY
MARYLAND 21201 Thours Thours	13a ST/	ATE 131 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR	VN / 113d INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP COL	DE RD. 21204
3	14. FATI	HER'S NAME	AIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	TAST
7 0		WALTER	YOUN	T MINNIE	E ANDES	17.00
BALTIMORE Constitution of the work.	16a WA	S DECEASED EVER IN U.S. ARA , NO GRUNKNOWN) (IF YES, GIVE	MED FORCES? 166. SOCIAL SECTION OF THE SECTION OF T	-2272 MR. KARL F.	40UNTJR. FIN	3 PATAPSCORD KSBURG-MD. ZIO48
ST.,		8 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATI	BY: (WINY	ENERSIESCI HEST	DICESER-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W.	P	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. ART 2 OTHER SIGNIFICANT C	(b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART I (o
NG PHYSICIAN: The low required physicion. Offenthis certificate has been signs the buriol-tronsit permit. Then the and Mental Hygiene prior to be orked or them 18 shows ony injury	CERTIFICATION	DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	KN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\begin{array}{c} NO \(\begin{array}{c} \ext{ \left} \\ \text{ \left} \ext{ \left} \\ \text{ \left} \\ \t
N OF VITAINSICION: The physicio certificate in violatronsit tento Hygier tento Hygir tento Hygier tento Hygier tento Hygier tento Hygier tento Hygie		ID. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM TO	PART OR PART 2)
VISION Open this of the bury ond Medor I	¥	MINJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
Do 4 e lo E	-	I WORK — AT WORK	al) nivended the deceased from.	17 1976	, to	. 19, that (I) (we) lost
ATTEN Spritol CTOR d for G m 21 in		saw the deceased alive on above.) view the bgDy after death.	ow, and that in (my) (our) opinion	death occurred on the date and ho	our and from the causes stated
the horse to DIRE	2	26. SIGNATURA COL	sml	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	12. Jare SIGNED
HOSPI Dined b Suld be the the SS	2	24 PHYSICIANS NAME INVITED	indizabal	The ADDRESS has	1 clasted Hox	perk, mil
Of ode ode	23a. BUI	RIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
ВР	C	REMATION	Dec 27,1986 CI	ARROLL CREMATOR	HAMPSTEDAD	CARROLL MD,
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FUN	telet A. Myers	- 91 Willis St	+ Westwritter UEG	E REC'D. BY REGISTRAR 25b. REGIS	STRAR'S SIGNATURE



STATE OF MARYLAND 027223 DEC 16-85 ATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 2h HOUR 1. DECEASED NAME LIME OF PRINTS Lucille Maude 12 Zinnerman 86 IF UNDER I YEAR 3. SEX RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) YEAR 16asian 22 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | Maryland Washington WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17h, KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY aircraft 15 MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE Clark Maude Raymond Purnell ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST Michael Zimmerman, Slidell, Lousiana no CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)_ DUF TO OR AS A CONSFOURNCE OF 42 C Conditions, if any, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF last. underlying cause PART 2 NOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a | certify that (1) (this hospital) attended the deceased from 19_____, that (I) (we) fast and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated sow the deceased alive an_ abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN + DIRECTOR PHYSICIAN 22e ADDRESS ld b

23c. NAME OF CEMETERY OR CREMATORY

Dec. 11, 1986 Rest Haven Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR Wilson Blvd., Hagerstown, Md. 21740

230 BURIAL, CREMATION, REMOVAL

burial

ulia Devideon Randa

Hagerstown, Wash., Maryland

027222 660 13 08-